FOR STATE HEALTH DEPT. LINEDICAL EXAMINER: This certificate should be executed within 24 hours effer death. It was is necessary, a execute the certificate, writing the word "pending" in pencil in fem 18. Give Pages 1, 2, and 3 to the tuneral director. Page 3, and be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, its designated agent, prior to burial, cremation, or removal, and in any evapt-within 72 hours after death. 2 0 g 4 0

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

115/188

1 77 7 67 67 67			JEK III IOA	II OI DEAI		0400
1. PLACE OF DEAT	TH.		a STATE	NCE (Where decessed lived	l, If institution: Ri DUNTY	asidenca bafore admission)
	ecil	MARYLAND	Ma	ryland	Al:	Legheny
b. CITY OR TOWN write RURAL er	(if outside corporete limits, and give neerest lown)	c. LENGTH OF STAY IN 16	c, CITY OR TOWN	(If outside corporate limits,	write RURAL and	give neerast lown)
Perry I		19yrs. 2mo. 9da	ys Fr	ostburg		121-
d. NAME OF HOSE	PITAL OR INSTITUTION (if not in	hospital, give street eddress)	d. STREET ADDRES	S		e. IS RESIDENCE ON A FARM?
	Administration	Hospital	158	Bowery		YES NO
3. NAME OF DECEASED	First	Middla	Last	4. DATE M	onth	Day Year
(Typa or print)	WILLIAM	C.	BRODE		lay	21 1961
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In y	sars IF UNDER 1 1	YEAR IF UNDER 24 HRS.
Male	Title of the co	WED DIVORCED	10-29-92	68 birth de	Months D	eys Hours Min.
	TION (Give kind of work 101	. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZ	EN OF WHAT COUNTRY?
	ner	Coal Mine	Maryla	and		USA
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME		
1 1 7 7	Andrew Brode		Jeanet	tte Hill		
15. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Add	Iross	
168	(If yes give war or dates of service)		ospital Rec	ords, VAH, F	erry Po	int. Md.
1 18. CAUSE OF	DEATH [Enlar only one cause]	rom records			0223 20	INTERVAL BETWEEN
	TH WAS CALLES BY		inal aamba			ONSET AND DEATH
45		Ruptured abdomi	Lnar aorta.		-	10-15 min.
10	DUETO	A subsect of a contract		ARL I		
Conditions, it en		Arterioscleroti	c aneurysm,	aorta.		Unknown
(e), stating the	> DITE TO					
causa lest.) (c)					
PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERA	AINAL DISEASE CONDITION	GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTH						YES NO
206. EXTERNAL C PRIMARY Or C CAUSE OF DEATH	ONTRIBUTING [SCRIBE HOW INJURY OCCURED. (Enter neture of injury in P	ert I or Part II of item 18.)		
20c. TIME OF INJ	URY Month, Day, Yaer 20		ACE OF INJURY (Homa, fa		(Coun	ty) (State)
Hour a.m.	a.l.	hila Not Whila fec	lary, street, office bldg., e	Ic.]		
		remains described above, he	ald an Autopsy 🗶,	Inspection K Inc	uiry [1],	and in my opinion
death resulted	from: Natural causes	X), Accident , Suic	ide . Homicide	Undetermined	manner	
IN IN	1) 1,0		CHIEF MEDICA	L EXAMINER	hound	
ACTUAL SIGNATURE	RUNDO	aran		EDICAL EXAMINER		DATE SIGNED
EXAMINER'S				AL EXAMINER		5-22-61
NAME (Type)	R. C. DODS	ON	Addrass (Street	, city, lown, or county) Ri	sing Su	n. Md.
22a. BURIAL, CREMATI		22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, 1		(Sfela)
KEMOVAL	5/25/196	Arlington		Arlington		
22. NUNERAL DIRECT	99 / / /	ADDRESS		C'D BY REGISTRAR 246.	REGISTRAR'S SIG	SNATURE
Penningt	on A Son, Hav	re de Grace, M	id.	MAY 2 9 '61	arthur 8.	Kine
July 1	100					

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20-21-5 55.mg cm, 380.	XX	12 12 12 12 12 12 12 12 12 12 12 12 12 1		
	rantius for kief n		18/2/87	
1000	The state of the s	GOVE OF GARVE	Auto-	estarist.

FOR STATE

TO PECE SECURIZE EXAMINER: This certificate should be executed within 24 hours after death. If the shorterel director. Page execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the chief director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removel, and in any event within 72 hours after death. VS. A15ME 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND

5		CERTIFICATE	OF DEATH	05467
				- M. M. W.

1	1. PLACE OF DEATH B. COUNTY			E (Where daceasad lived, If insti	tution: Residence	e before admission)
1	Cecil	MARYLAND	•. STATE Md.	b. COUNTY	Ceci	1
	b. CITY OR TOWN (il outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	outside corporata limits, write RU	IRAL and give no	earast town)
1	Elkton	30 min.	Elkton	- 1		
- }	d. NAME OF HOSPITAL OR INSTITUTION (IF not	In hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
	231 E. High Street					YES NO T
	3. NAME OF First DECEASED	Middle	Last	4. DATE Month OF	Day	Yeer
	(Type or print) WALTER	J <i>B</i>	RYSON	DEATH May	1,	1961
- 1	5. SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years IF U		IF UNDER 24 HRS.
	THE PART OF	OWED DIVORCED A	ug. 18, 188	32 78 yrs. ""	onihs Days	Hours Min.
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Db. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or	foreign country)		WHAT COUNTRY?
	Retired Farmer	Farmer:	Maryland		U.S	.A.
V		No. of the last of	14. MOTHER'S MAIDEN N	Dilks		
1	Thomas Bryson 15. WAS DECEASED EVER IN U.S. ARMED FORCES?	1 16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address		
	(Yes, no, or unkown) (Illyesgive war or dates of service		oy J. Bryso	on, New Castl	e Del	aware.
Н	18. CAUSE OF DEATE [Enter only one cause		Oh a Dilac	Mew oason		RVAL BETWEEN
	DART I DEATH WAS CALLED BY	cute Coppnary	occlusion			ET AND DEATH
	LI CH DUE TO	care coppliary	OCCLUSION			22220
		ardiac Disease			2	yrs.
	gave rise to immediate cause				- Acres	
	(a), stelling the underlying cause lest.					
	(6)	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	IN PART 1(a) 19	. WAS AUTOPSY
	OUL					PERFORMED?
),	PART II. OTHER SIGNIFICANT CONDITIONS 208. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 206. II	DESCRIBE HOW INJURY OCCURED. (E	ntar nature of injury in Part I	or Part II of itam 18.)	10	is [] NO [W
	O I		CE OF INJURY (Homa, larm, pry, street, office bldg., etc.)	20f. (City or town)	(County)	(Stata)
	p.m. 19	at work at work				
1	21. I certify that I took charge of the	remains described above, he	d an Autopsy . In	rspection Inquiry [X and i	n my opinion
	death resulted from Natural causes	Accident , Suici	de . Homicide .		ner	
- 1	(M/1011)	1-1A 001	CHIEF MEDICAL EX	AMINSR [
	SIGNATURE CONTRACTOR	Jul Col	M.D. ASSISTANT MEDIC	AL EXAMINER	DF	TE SIGNED
	EXAMINER'S		DEPUTY MEDICAL E	XAMINER X	-	
	NAME (Type) R. C. DODS	DN, M.D.	Ri वर्णमञ्जूषानिया		5-2	2-61
	22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		2d. LOCATION (City, town, or		(State)
	Burial 5-5-61		leth. Cem.	North East,	PIC.	
	23. FUNERAL DIRECTOR	ADDRESS	24a. REC'D	BY REGISTRAR 246. REGISTR		
	PIPPIN FUNERAL HOME	brold M. Du El	kton, Ma. MAY	Chilli	47 S. Krau	

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No of	Items 20%21 Film 287 MARYLAND STATE	DEPARTMENT OF HEALTH
OPCTATE	Division of STATISTICAL RESEARCH AND RECORD MEDICAL EXAMINER	S CERTIFICATE OF DEATH
FAITH DEPT	1. PLACE OF DEATH	1) 2. USUAL RESIDENCE (Where decessed lived, If Institutions Residence before edmission)
LACTION DELT.	COUNTY	e. STATE b. COUNTY
A SE N	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN II	
your dour	write RURAL and give nearest town	Colora Rural
for y	d. NAME OF HOSPITAL OR INSTITUTION (il not in hospital, give street eddress)	d. STREET ADDRESS I . IS RESIDENCE
e Boar	Old Clendenin Mill	Old Clendenin Mill YES NO N
State	3. NAME OF First Middle	Lasi 4. DATE Month Day Year
or d	(Type or print) JAMES ROE	CALDWELL DEATH May 7, 1961
ay b with saft	5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Days Hours Min.
S min	Male White WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 100, KIND QF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or loreign country) 12. CISIZEN OF WHAT COUNTRY?
200	done during most of working life, even if refired)	It. bikithe acceptance of toreign country)
P. P	13. FATHER'S NAME	14. MOTHERS MAIDEN NAME
d May	Andrew Coldwell	Mary Sexton
Wen G	TS. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) (Ifyesgive were ordalesol service)	INFORMANT Address
m 18 iith fi iith fi my	4es II world-war 167-14-326511	Ars. Ethel Caldwell Colora Md, R.F.D
on to the second	CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
icil ii afon rans md	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Gunshot wound of	chest, heart and aorta
rial-i	78 X DUE TO	
TO TO	Conditions, it eny, which (b)	
rdin ner ner or r	(e), stating the underlying DUE TO	
wearing was a series of the se		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
word cal Ed be semali	THE STATE OF THE S	PERFORMED? YES NO
the we the we Medica should al, cree	PART II. OTHER SIGNIFICANT CONDITIONS CONFIDENTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY 30 or CONTRIBUTING CAUSE OF DEATH. Shot by unknown	(Enter nature of injury in Pert I or Part II of Item 18.)
S Share	WILV V W. Y WALILIAN	
Chilification of the control of the	SM S C S C S C S C S C S C S C S C S C S	actory, street, office bidg., etc.)
te, the the jor	21. I certify that I took charge of the remains described above,	Mill Colora Cecil Md. held en Autopsy X Inspection I Inquiry I end in my opinion
d difficult		held en Autopsy XI. Inspection
BEE CONTRACTOR	Journ Testand Bonn. Plantar Coulds J. McGoom J. S.	CHIEF MEDICAL EXAMINER F
S S S S S S S S S S S S S S S S S S S	ACTUAL BY When	ASSISTANT MEDICAL EXAMINER DATE SIGNED
P P P P P P P P P P P P P P P P P P P	TYRMINIPP'S	DEPUTY MEDICAL EXAMINER 5/8/61
associated the certification of the certification o	NAME (Type) Russell S. Fisher, M.D.	Address (Street, city, town, or county) OR CREMATORY 22d, LOCATION (City, town, or country) (State)
se de la company	REMOVAL (Specify)	1 0 m
H 40 8	BurioL 13-13-196/ (conowing	1 24m. REC'D BY REGISTRAR ! 24b. REGISTRAR'S SIGNATURE
VS. A15ME	Ternon E. M. Mallen Rising S	in my Md. DATE MAY 15 '61 arily S. Know
5M 9/60		MAL 10 Ust Connect 2, 74

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH Item 22 Film G200 6/1/61 iwk

| 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission) MEALTH DEPT 1. PLACE OF DEATH Page e. COUNTY e. STATE b. COUNTY ral director, Page is necessary Gecil MARYLAND CCITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Narwick Boar d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State B YES NO Union Hospital 3. NAME OF Middle ges 1, 2, and 3 to the n. Page 5 may be retail es 1 and 2 with the Str in 72 bours after deal Last 4. DATE Month Year DECEASED OF (Type or print) DEATH 1961 Filliam . hin 24 hours after death. Give Pages 1, 2, and 3 to 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthdey) Months Deys Hours WIDOWED TE DIVORCED [10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) TO THE P Md. pages P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michael Carroll Sarrah Jane Hover form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address in pencil in Item 18. permit. (Yes, no. or unkown) | (If yes give we randetes of service) Office along with burial-transit permi This certificate should be executed Michael Carrelle Warwick. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN .5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and Acute ceronary Occlusion IMMEDIATE CAUSE (e) DUF TO removal, Conditions, if env. which (b) "pending" gove rise to immediate cause 10 DUF TO (e), steting the underlying tecute the certificate, writing the word "pendin be forwarded to the Chief Medical Examiner EAL DIRECTOR: Page 3 should be used as signated agent, prior to burial, cremation, or r cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO I CERTIFICA YES 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | EDICAL EXAMINER CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, " 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour a.m. at work el work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry and in my opinion Suicide | death resulted from: Natural causes -Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (TypeR C Dodson MD. Rising Sun. Md. Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify) 40 6 Burial May 15 1961 Old Bohemia Cem. Warwick, Md . ADDRESS 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23., FUNERAL DIRECTOR VS. A15ME 5M 7/59

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Sarrah Jane Hover

218-11-6177 Michael Carroll. sawick, d.

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hin 24 hours after	be retained by the hospital or attending physician.	ECTOR: After this certificate has been signed by the attending physician and completed illed in the mediuneral	Pages 1 and 2 should	ite Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	
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the death o		aftending p	Then please	val, and in	
requires that	physician.	gned by the	1 sit permit.	ion, or remo	
It the law	r aftending	has been si	e burial-tran	urial, cremat	
PHYSICIAN	he hospital c	is certificate	for use as #	th prior to b	(
ATTENDING	be retained by t	CTOR: After th	uld be detached	te Dept. of Healt	

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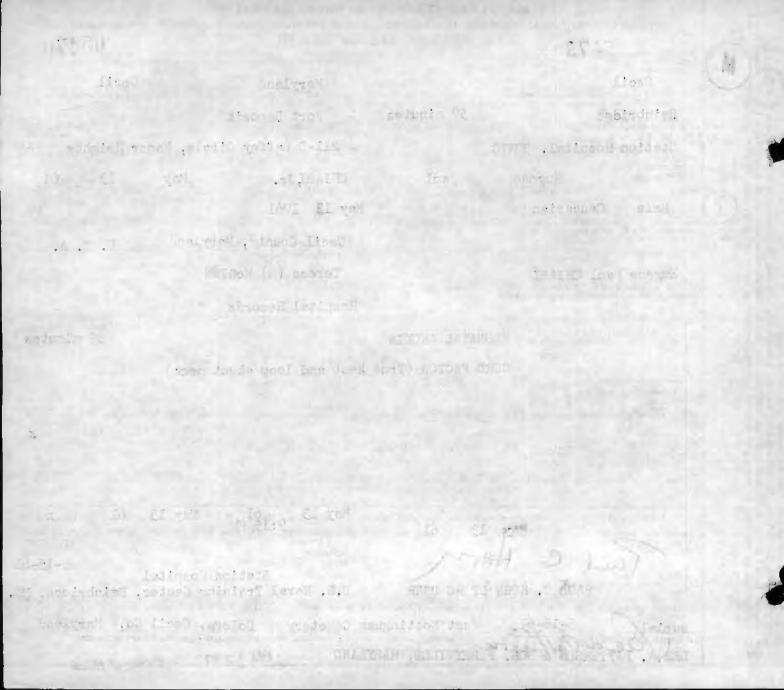
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

FIRO

115120

Station Hospital, USNTC 3. Name of Decrased (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER NEVE	3.66	1-3			To a second seco	00411
Cecil b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Bainbridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Station Hospital, USNTC 3. NAME OF DECEASED (Type or print) Eugene Paul CHIARI, Jr. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED						on: Residence before admission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Write RURAL and give nearest lown) Bainbridge d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address) Station Hospital, USNTC 3. NAME OF BECEASED (Type or print) Eugene Paul CHIARI, Jr. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED May 12 1961 DEATH May 13 1961 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State), or loraign country) Gecil County, Maryland II. MOTHER'S MAME Eugene Paul CHIARI IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Tes, no, or unknown) (If yes giveword dates of service) B. CAUSE OF DEATH (Enter only one cause per lina for (st), (b), and (c).] PART I. DEATH WAS CAUSED BY, NEONATAL ANOXIA DUE TO Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause lest. COUNTY AND COUNTY (County and country) DUE TO Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause lest. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) A STREET ADDRESS CHIARI, Jr. DATE Month Day Year CHIARI, Jr. B. DATE OF BIRTH May 13 1961 S. EX A DATE Month Day Year CHIARI, Jr. B. DATE OF BIRTH May 13 1961 S. EX May 14 19 19 19 19 19 19 19 19 19 19 19 19 19			MARVIAND			Cecil
Bainbridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Station Hospital, USNTC 3. NAME OF Birst Middle DECEASED (Type or print) Eugene Paul CAucasian Widow Divorced Widowsk during most of work during most of working life, even if railrad) 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if railrad) 13. FATHER'S NAME Eugene Paul CHIARI Divorced May 12 1961 B. DATE OF BIRTH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE BY. IMMEDIA	b. CITY OR TOWN (if outside				M	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Station Hospital, USNTC 3. NAME OF DECEASED (Type or print) Eugene Paul CHIARI, Jr. B. DATE OF BIRTH May 13 1961 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratirad) 13. FATHER'S NAME Eugene Paul ONA FAI May 14. DATE OF BIRTH DEATH May 15. DATE OF BIRTH May 16. COLOR OR RACE Month Days FI UNDER LYEAR FI UNDER 24 H Hours May 16. COLOR OR RACE Month Days FI UNDER 17 FAR Month Days FI UNDER 24 H Hours Month Days Month D		naarast lown)	50 minutes	V 2		
Station Hospital, USNTC 3. NAME OF DECEASED (Type or print) S. SEX CALCAR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH May 13 1961		NSTITUTION lit not in hou		POPT De	posit	L & IC DECIDENCE
3. NAME OF DECEASED (Type or print) Eugene Paul CHIARI, Jr. 6. COLOR OR RACE 7. MARRIED NEVER			Silest dise sitees address)			ON A FARM?
Carry Conditions, if any, which gave rise to immediate cause [est.] Carry Carr	Station Hosp	pital, USNTC				r Heigh WS NO K
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years last birthdey) May 12 1961 196		First	Middle	Last		Day Year
Male Caucasian widowed Divorced May 12 1961 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratirad) 10b. KIND OF BUSINESS OR INDUSTRY 11c. BIRTHPLACE (County & State, or foreign country) 11c. CITIZEN OF WHAT COUNTRY 12c. CITIZEN OF WHAT COUNTRY 13c. FATHER'S NAME Eugene Paul CHIARI 15c. WAS DECEASED EVER IN U.S. ARMED FORCES? 16c. SOCIAL SECURITY NO. 17c. INFORMANT 17c. WAS DECEASED EVER IN U.S. ARMED FORCES? 18c. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lest. DUE TO (c) CORD FACTOR (True knot and loop about neck) DUE TO (c)				CHIARI Jr.	DEATH May	13 1961
Male Caucasian widowed Divorced May 12 1961 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if railrad) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) Cecil County, Maryland 12. CITIZEN OF WHAT COUNTY CECIL County, Maryland 13. FATHER'S NAME Eugene Paul CHIARI Teresa (n) McGINN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yesgivawarordatesofsarvice) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. NEONATAL ANOXIA ONSET AND DEATH Server (a) Stating the underlying (b) CORD FACTOR (True knot and loop about neck) DUE TO (c) Stating the underlying cause lest.	S. SEX 6. C	OLOR OR RACE 7. MARRIED	NEVER MARRIED	. DATE OF BIRTH	1 . 1 . 1	
Cecil County, Maryland I. S. A. I. MOTHER'S NAME Eugene Paul CHIARI Teresa (n) McGINN I. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgivawarordatesofservice) I. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. (B) CORD FACTOR (True knot and loop about neck) DUE TO (c) Stating the underlying cause lest. (c) (c)	Male Cau	ucasian widower		May 13 1961	- Monii	ns Days Hours Min.
Cecil County, Maryland 13. FATHER'S NAME Eugene Paul CHIARI Teresa (n) McGINN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivawarordatesofservice) Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (a) NEONATAL ANOXIA DUE TO Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause lest. (c) Cecil County, Maryland U. S. A. 14. MOTHER'S MAIDEN NAME Teresa (n) McGINN Address Hospital Records INTERVAL BETWEEN ONSET AND DEATH 59 minute Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause lest. (c)	dona during most of warking I	Sive kind of work 10b. KI	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE [County	& State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Eugene Paul CHIARI Toresa (n) McGINN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgivawarordatesofservice) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hospital Records 18. Cause of Death [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS Caused BY: (NEONATAL ANOXIA DUE TO Conditions, if any, which gave rise to immediate cause (e), stating the underlying (c) (c) 14. MOTHER'S MAIDEN NAME Toresa (n) McGINN Address Hospital Records INTERVAL BETWEET ONSET AND DEATH 59 minute Conditions, if any, which gave rise to immediate cause (e), stating the underlying (c) (c)	and dering these of working [ile, even il jailauj		Cecil Coun	tv. Maryland	A © II
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes givawaror datas of sarvica) 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), selating the underlying cause lest. (c) 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] DUE TO (c) CORD FACTOR (True knot and loop about neck)	13. FATHER'S NAME					U_sD_sR_s
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Conditions, if any, which gave fise to immediate cause (e), stating the underlying cause lest. CORD FACTOR (True knot and loop about neck) DUE TO (c)	IMMED	NATE CAUSE (a) NEON	VATAL ANOX LA			59 minutes
(a), stating the underlying Course (c)	7610					
(a), slating the underlying DUE TO cause lest. (c)		ch) (b) CORI	FACTOR (True	knot and loop	p about neck)	
causa lest. (c)		h his ro				
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)] 19. WAS AUTOF						
	PART II. OTHER SIGNI	IFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN I	
YES NO	ATIC CONTRACTOR OF THE CONTRAC					YES NO DE
# ZOa. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.)	ZOB. ACCIDENT WAS UN		CRIBE HOW INJURY OCCURED	. (Entar natura of injury in Pa	ort I or Part (I of Itam 18.)	
20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Hour e.m. Whila Not Whila at work at work at work at work	20c. TIME OF INJURY				20f. (City of town)	(County) (State)
p.m. 19 at work at work	p.m,	19 at work	at work			
21. I certify that (i) (this hospital) attended the deceased from May 13 1961, to May 13., that (i) (see	21. I certify that ((this hospital) attend	ded the deceased from	May 13	961, to May 13	1961., that (1) (9(e) last
saw the deceased alive on May 13 19.61, and that death occurred at 17.15M, from the causes and on the date stated ab	saw the deceased at	live on May 1	3 19.61 and that	death occured at	M. from the causes and c	on the date stated above.
22b. DA						22b, DATE
	1660.0	C Ho	m.	0.1104.0 PT 10.48		SIGNED
22c. PHYSICIAN'S 22d. ADDRESS Station Hospital	22c. PHYSICIAN'S	110	, ,	D.	Long Long	5-15-6
NAME (Type) PAUL C. HORN LT MC USNR U.S. Naval Training Center, Bainbridge,	NAME (Type) P	AUL C. HORN L	T MC USNR			Bainbridge. Mo
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	23a. BURIAL, CREMATION, 7	236. DATE THEREOF	23c. NAME OF CEMETERY			
Burial 5-16-61 West Nottingham Cemetery Colora, Cecil Co, Maryland		5-16-61	West Nottingha	m Cemetery	Colora. Cecil C	o. Marvland
24 FUNENAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR'S SIGNATURE		NA PRE THE				
THE CONTRACT OF THE PROPERTY AND ANALYSIS OF THE PROPERTY ANALYSIS OF THE PROPERTY AND ANALYSIS OF THE PROPERTY ANALYSIS OF THE PROPERTY AND ANALYSIS OF THE PROPERTY ANALYSIS OF THE PROPERTY AND ANALYSIS OF THE PROPERTY ANALYSIS OF THE PROPERTY AND ANALYSIS OF THE PROPERTY ANA	TEN DATE	Valleyor			My a - and	
LEBYA. PATTERSON & SON, PERRIVILLE, MARILAND DATE 17 61	DEETA. PATIEN	took & Joh, 12	MILLY VILLED , MAIN	LANE DAIL		of the factors



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 115100 CEPTIFICATE OF DEATH

	5480	CERTIFICAT	E OF DEATH	l		05471
1. PLACE OF DEATH e. COUNTY	CECIL	MARYLAND	2. USUAL RESIDENCE A. STATE PENNSYL.		ed, if institution, Res	sidence before edmission
write RURAL and	if outside corporate timits, give necrest town, POINT TAL OR INSTITUTION (if not in it	1.5yrs4mos28day	c. CITY OR TOWN (I	PITTSBURG		give neerest town)
	DMINISTRATION H		1707 CON	CORDIA		ON A FARM?
J. NAME OF DECEASED	First	Middle	Last	The state of the s	Month	Day Yeer
(Type or print)	JOSEPH	DANIEL	CZOLBA		May	13 19 61
5. SEX Male		WED DIVORCED A	pril 15,1897	64 birth	7.20	Hours Min,
done during most of wo Machini	rking life, even il retired)	, kind of business or industr I nknown	PENNA.	ty & Stele, or loreign co	uniry) 12. CITIZI US:	en of what country A
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
ADAM (CZOLBA		JOS	EPHINE LEWA	NDASKI	
Yes, no, or unkown) [9] Yes 18. CAUSE OF D	fyesgivewererdetesofservice) WW-1 PEATH (Enler only one couse po		pital Record		rry Point	, Md. INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any geve rise to immedite, stating the unceuse test.	which (b) Cor	nary Thrombosi eriosclerotic	Heart Disea	_		Unknown Unknown
Angury	rsignificant conditions comments.	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITIO	N GIVEN IN PAKI I	PERFORMED?
200. ACCIDENT W.		DESCRIBE HOW INJURY OCCURED	, (Enter nature of in ury in	Peri I or Part II of item 18)	113 Eg 100 Eg
ZOc. TIME OF INJU Hour a.m. p.m.	W		CE OF INJURY (Home, farm ory, street, office bldg., etc.		{County	y) (Stete)
		ended the deceased from 0				e date stated above
22c. PHYSICIAN'S	a.L. moon	ey_ M		MED. STAFF DIRECTOR PHYS.		5-14-61
NAME (Type)	A.L. MOONEY, M.	D. ,A st. Clinica		t, VAH, Perr	y Point,	Md.
23e. BUMAL CREMATI	ON, 236 DATE THEREOF	23c. NAME OF CEMETERY WENDELINS		23d. LOCATION (C	BURGH,	PENNA.
24 FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	25e, REC	MAY 1 8 '61		
PENNINGTO	N & SON HAT	re DeGrace, Md.	DATE		arthy	S. Kraya



in 24 hours after

	MARYL	AND STATE DEP	ARTM	NT OF I	HEALTH			
	DIVISION OF STATISTICAL RESEARCH	CH AND RECORDS,			STREET, E	BALTIMORE 1	, MARYLA	ND
	5/81	CERTIFICATE	OF D	EATH			05	472
	PLACE OF DEATH		2. USUA	L RESIDENC	E (Where de	ceased I ved, if nati	tution: Residence	before edmission)
	Cecil	50 H D307 H 3175	e, STA			b. COUNTY	- 7	
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY	ORTOWN		ore e I , write RU	IRAL and give no	eresi town)
	write RURAL end give neerest town)		27 1					
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	ite., give street eddress)	d, STRI	Elkto ET ADDRESS	<u>H</u>			. IS RESIDENCE
		,	1	~ ~ ~		. 71		ON A FARM?
3 .	Union Hospital	Middle	La	at at	4. DATE	Month	Dey .	Yeer
	DECEASED	T	Dol		OF	* # *	0	10.07
5	THE WILL DOT OUTS	Lynn	DO LO			AGE (In years IF I	UNDER 1 YEAR	19 67 IF UNDER 24 HRS.
٠.	Z. ROSKKIG			7 700	-	last birthdey) Me	onths Deys	Hours Min.
1De	Terrale Thite WIDOWELD . USUAL OCCUPATION (Give Kind of Work 10b. Kil	DIVORCED	1 Jy	D ACE IC- III	· · · · · · · · · · · · · · ·	lore gn country)	12 CITIZEN OF	WHAT COUNTRY?
do	ne during most of working life, even if retired)	ND OF BUSINESS OK INDUSTR	I II DIKIT			tore gir country)	12, CHIZZIA OF	·
12	FATHER'S NAME		14 110711	Mary L		vi meri		5 . 1
13.								
15	Jay Willen WAS DECEASED EVER IN J. S. ARMED FORCES? 16.	OCIAL SECURTY NO. 17. I		rbara	Ann.	EILWOOD Address		
	as, no, or unknown) (lifyesgivewerordetesofservice)					Addless		
			ay Wi	IIIen_			(1)477	RVAL BETWEEN
	18. CAUSE OF DEATH (Enter only one ceuse per li PART I. DEATH WAS CAUSED BY:	ne for (e), (b), end (c).	- ,4					ET AND DEATH
	MAMEDIATE CAUSE (e)	Vernoly	uly					3ling
	bue to U		1					
	Conditions, if any, which \ (b)							
	(a), stating the underlying DUE TO							
	ceuse lest.						_	
N	PART II. OTHER SIGNIF CANT COND TIONS CON	TRIBUT NG TO DEATH BUT NO	T RELATED T	O THE TERMIN	AL DISEASE	ONDITION GIVEN	IN PART 1(e) 19	, WAS AUTOPSY PERFORMED?
ATI		mo:					Y	ES NO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING [] ' 206. DESC	CRIBE HOW NURY OCCURED	. (Enter netur	e of 'njury in P	ert I or Pert al	of .tem 18.)		
H	OR CONTRIBUTING CAUSE OF DEATH							
₹.	20c. TIME OF INJRY Month, Day, Year 20d. 1	NJURY OCCURRED 200. PLA	CE OF INJUI	Y (Home, larm	2Df, (City	or town)	(County)	(Stete)
MEDICAL	Hour e.m. While	1401 4411110	ory, street, of	fice bldg., etc.] 	1			
2	p.m. 17		57	7 .	19 6 (to.	579	1961 th	at (1) (we) last
	21. I certify that (I) (this hospital) altend	19.6.(and that						
	saw the deceased alive on).		death oc	carea alitz	w, ironi	tile conses an	d oli lue dei	22b. DATE
	Times 1. July		ATTEN PHYS.		LED.	STAFF	2/12	/6/ SIGNED
	PHYSICIAN'S	M		ADDRESS	- 3	-		1
	NAME (Type) James L.	Johnson	24	5 8.	J-fu	St Elle	home h	10
	PURIAL CORMATION 1224 DATE THEREOF	23c. NAME OF CEMETERY	OR CREMAT	ORY	123d, 10C	ATION (City, lown	or countyl	[Stele)
23	REMOVAL (SERGITY)						י מ	(
_	. "rist 5/12/61	Tilpin Hang	or 's	morial		RAR 25b. REGIST		I IO F
24	FUNEDAL DIRECTOR'S SIGNATURE	/Elkton, "d	*					
	DALORIG NIPPO	المسلكا المكتب	8	DATE M	Wi To (Chur S. Tha	MA.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) a. COUNTY Page B. STATE b. COUNTY director, Pag Cecil Maryland Harford MARYLAND b. C.TY OR TOWN (if outs de corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) Perry Point Less than 24hrs. Aberdeen Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress). Por d. STREET ADDRESS e. IS RESIDENCE 40 ON A FARM? retained he State Veterans Administration Hospital 418 S. Parke YES NO 3. NAME OF First à DATE Month Year OF the (Type or print) STEPHEN DEATH with the D. FRANKO May 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX AGE IIn yours HE UNDER 1 YEAR | IF UNDER 24 HRS. 2 with 2, and 5 may ad 2 with hours lest birthday) Months Devs Hours Male DIVORCED -9-15-96 WIDOWED [within 24 In.
18. Give Pages 1, z.,
1 form PM3. Page 5
1 mgd 10e USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Police Dept. Policeman (Ret.) Greece USA 33. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in Item 18, Give James Franko Not available from records (deceased) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT permit. [Yes, no, or unkown] | (If yes give wer or detes of service) e along with t il-transit permit), and in any e Yes 220-22-0744 Hospital Records, VAH, Perry Point, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 1. Pulmonary edema, both lungs. pencil IMMEDIATE CAUSE (e) Office burial-t DUE TO 2. Arteriosclerotic heart disease. Conditions, if any, which paye rise to immediate cause "pending" **DUE TO** (e), stelling the underlying cause last PART I. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:0 19. WAS AUTOPSY CERTIFICATION PERFORMED? cremati YES NO [200. EXTERNAL CALSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) 0 D (Stete) factory, street, office bldg., etc.) While Not While Hour a m led to the (meson he ant, prior to et work | et work cute the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy 🛣 . Inspection 🛣 Inquiry by L and in my opinion Natural causes . Accident . Suicide death resulted from Homicide | Undetermined manner forwarded CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for SIGNATURE 5-16-61 DEPUTY MEDICAL EXAMINER EXAMINER'S C. DODSON Address (Street, city, lown, or county) Rising Sun. Md. NAME (Type) 226 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) DE REMOVAL (Specify) Angel Hill Q40 p Havre de Grace, Md. 28. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE **VS. A15ME** de Grace, Md. arthur S. Thous 5M 7/59 DATE MAY 1 9 '61

• I-

VR A15 (4) 15M 9/60

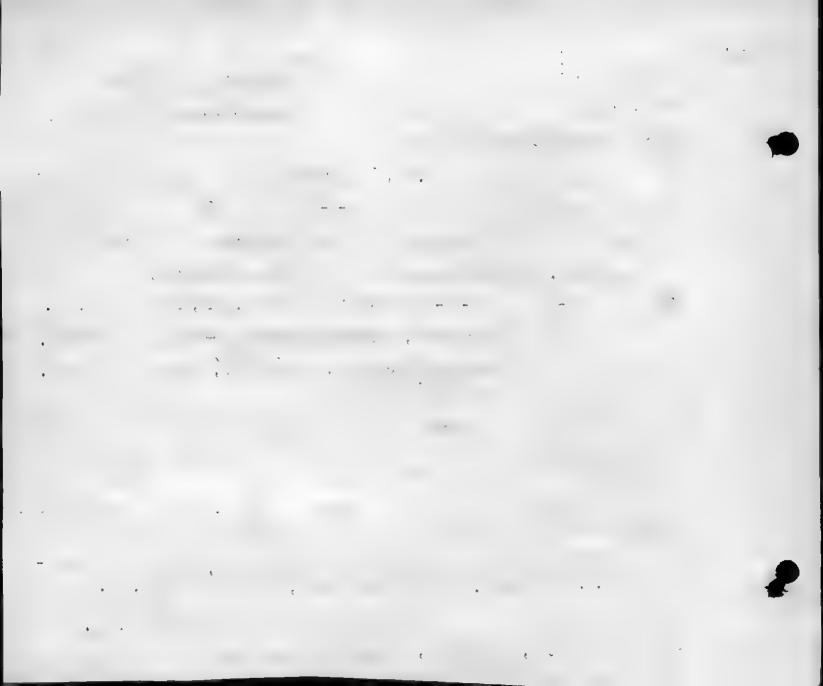
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

515 AM 2

. 0.30	<u> </u>				U e	14/4
i. PLACE OF DEATH				CE (Where decessed lived, li		before edmission)
Cecil		MARYLAND	e. STATE	ryland b. cou	Cecil	
b. CITY OR TOWN (if outside	corporate limits,	c. LENGTH OF STAY IN 16		f outside corporete limits, wri		rest town)
Perry Point		5 days			P	
d. NAME OF HOSPITAL OR IN			d. STREET ADDRESS	perty Grove		. IS RESIDENCE
Veterans Admi						ON A FARM?
3. NAME OF DECEASED	First	M ddle	Last	4. DATE Mont		Yeer
(Type or print)	TJI	Robert	GRAYBEAL	OF DEATH MOST	. 36	19 61
5. SEX 6. COL	OR OR RACE 7. MARRIED	NEVER MARRIED 3	B. DATE OF BIRTH	9. AGE (In years		UNDER 24 HRS.
10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			3-5-95	last birthdey)		lours Min.
10a. USUAL OCCUPATION (Give	e kind of work 10b. KIN	D OF BUSINESS OR INDUSTR		ly & State, or foreign country	1 12. CITIZEN OF V	VHAT COUNTRY
done during most of working life,	even if retired)		II. DIKTIPEACE (COUNT	y at State, or totaligh country) 12. GITZEN OF V	VIIAI COONIKII
Farmer 13. FATHER'S NAME		Farming	North Ca		USA	
				,	- 1	
James 15. WAS DECEASED EVER IN U.S	M. Graybea	l (deceased)	Sarah Ande	rs (decease	d)	_
(Tes, no, or unkown) (Ifyesgivey	ver or detes of service)		INFORMANT	Addres	S	
		5-07-6842 H	ospital Reco	rds, VAH, Pe	rry Point	, Md.
18. CAUSE OF DEATH (E		o for (a), (b), and (c).]			INTERV	AL BETWEEN AND DEATH
MMEDIA	TE CAUSE (e) Hydr	othorax, bil	ateral (gas	tric content:	36	
5.39.1	DUE TO			blood)		
Conditions, if eny, which		ure of egoph		aneous, due	to 36	hrs.
geve rise to immediate cause (e), stating the underlying		unknown cau	186		-50	
couse lest.) (e)					
PART II. OTHER SIGNIFIC	ANT CONDITIONS CONTE	BUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION GI	VEN N PART 1(e) 19.	WAS AUTOPSY
PART II. OTHER SIGNIFIC 200 ACCIDENT WAS JNDEI OR CONTRIBUTING CALCAL U (IF EITHER, NOTIFY MEDICAL	U	remia			YES	PERFORMED?
200 ACCIDENT WAS JNDE	RLY NG 206. DESCR	BE HOW INJURY OCCURED	. (Enter nature of noury in P	ert 1 or Pert I. of item 1B)		
OR CONTRIBUTING CAUS	E OF DEATH . EXAMINER)					
3 20c. TIME OF INJURY ME	onth, Day, Year 20d. IN.	JURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm,	, 201, (City or town)	(County)	(Stete)
20e. TIME OF INJURY ME	A 10 While	Not While fect	ory, street, office bldg., etc.)		,	
P1.111	19 1 [Mare 10	1067 . Man 35	(3	
21. I certify that AX				1961 to May 15		
A A MARKET CONTRACTOR	**************************************	AXXIVAXX, and that	death occured aft.k.	Z.W. mom the causes	and on the date	
220 SIGNATURE	Man a		ATTENDING M	ED STAFF		226. DATE SIGNED
CO. L.	moone	M_M	10 ·	RECTOR PHYS.		5-15-61
22c. PHYSICIAN'S NAME (Type) A Tra	MOONEY, Asst.	Alinia al Par	22d. ADDRESS	AH Dammer Da	int Ma	
				AH, Perry Po		
23e. BJRIAL, CREMATION. 23b	DATE THEREOF	3c. NAME OF CEMETERY		23d. LOCATION (City, to	wn or county)	(Stete)
Burial J.	18-1761	West Not		West Nottin	ngham. Md.	_
24 FUNERAL DIRECTOR'S SIGNA	CONTRACT IN THE	MOORINANCE.		D BY REGISTRAR 256 RE	GISTRAR'S SIGNATUR	E
Tyson Funeral	Home, Risi	ng Sun', Mary	land DATE M	AY 1 8 '61	7-11-0 4	
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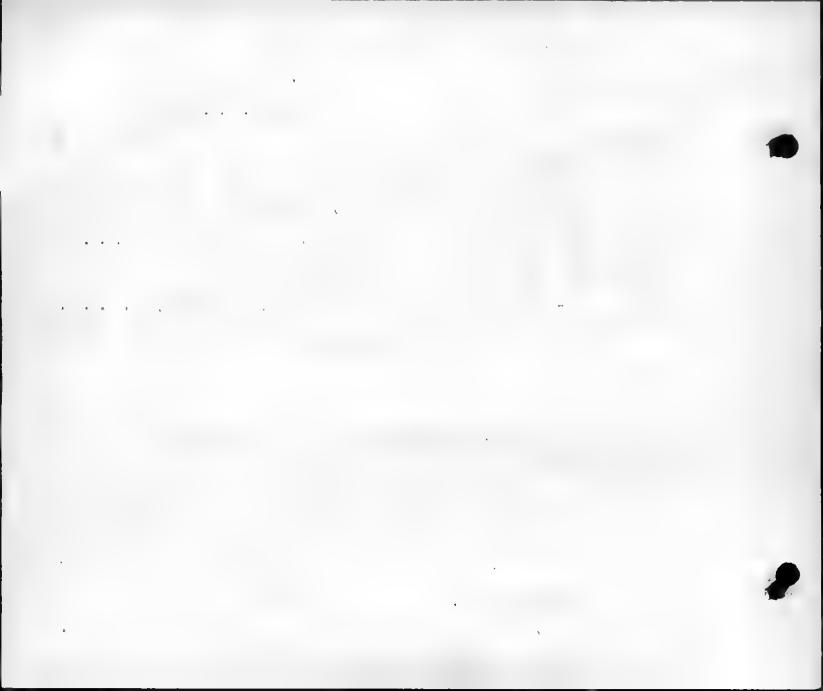


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edimission) 1. PLACE OF DEATH y is necessary, I director. Page or your files. a. COUNTY e. STATE b. COUNTY Cecil 1 1/2 1 1 1 1 1 1 1 1 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest lown) b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Newark RaDaDela d NAME OF HOSTITAL OR INSTITUTION (if not in hospital, give street address) or d. STREET ADDRESS a. IS RESIDENCE Вов ON A FARM? YES NO BY State Union Hosp ital 3. NAME OF M ddla DECEASED OF (Type or print) DEATH Thomas 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In Years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthdey) Months WIDOWED F DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) USAL Antique Dealer should be forwarded to the Chief Medical Examiner's Office along with form PM3. FUNERAL DIRECTOR: Page Is should be used as a build-fransit permit. Fire gages its designated again, which to be being a build-fransit permit. 13. FATHER'S NAME George Thomas Halliday mo infermation This certificate should be executed within OCIAL SECURITY NO. 1 17. INFORMANT Newark, R.D.Della (Yes, no, or unkown) (If yes give wer or detes of service) Mrs. George T. Halliday 1621Nettingham Re. 18. CAUSE OF DEATH [Enter only one cause per | na for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Corenary Occlusion IMMEDIATE CAUSE (0) 720.1 **DUE TO** Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), sleting the undarlying cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 81 19. WAS AUTOPSY **CERTIFICATION** PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Yaar (County) (Stata) factory, street, office bldg., etc.] While Not While Hour a m et work at work prior 21. I certify that I took charge of the remains described above, held en Autopsy Inspection Inquiry and in my opinion agent, Natural causes [37]. Suicide | Undetermined manner death resulted from Accident Homicide I CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) should R.C.Dodson 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stele) REMOYAL (Specify) Burial O g 4 🖺 Cemeterv Wilmington. Delaware 23. FUNERADDIRECTOR 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME DATEJUN 6 5M 7/59 arthur S. Kinns

J'o' Fis 31 T. J. T. S. 1 -1:-1003 to the markets. noid to to's the 01 coate in or is contacted - h X seed a ca

ofter death. Page 4		the funeral director,	2 should be filled with	1	- V
IN STO HOSPITAL ATTENDING PEVIICIAN: The law requires that the death certifillate be executed within 22 h, offer death. Page	By the hospital or attending physician.	TO FUNER. DIRECTOR: After this certificate has been signed by the attending physician and completely fitted to	page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	the registror prior to burial, cremation, or removal, and in any event within 72 haurs after death.	The state of the s

_5	485		CERTIFI	ICA'	TE OF D	EATH	1		Reg. Di	st. No.	477
1. PLACE OF DEATH 0. COUNTY	ecil		MARYLA	- 11	a. STATE	ence (Wh	ere deceased	lived. If instituti b. COUNTY		ce befare a	dmission)
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton			1Ь	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)							
				Notting		Pa. R	.D.#1				
d. NAME OF HOS OR INSTITUTION Union Hos		give street	address)		d. STREET A	DDRESS			<u>-</u>		S RESIDENCE ON A FARM? ES NO
3. NAME OF		rst	Middle		Last		4. DATE OF	Mai	nth	Day	Year
(Type or print)	Baby		Girl		Husfel		DEATH	May		29	19 61
5. SEX	6 COLOR OR RACE	7 MARI	NEVER MARRIED	101	DATE OF BIRTH	1		 AGE (In years last birthday) 	Manths		UNDER 24 HRS.
Female	White	WIDOW			May, 27	_196]		yrs		2	
On. USUAL OCCUPA during most of v	ATION (Give kind of work vorking life, even if retired	dane 10b	KIND OF BUSINESS OR I	NDUST	RY 11. BIRTHPL	ACE (State	ar fareign co	ountry)	12. CIT	ZEN OF WI	HAT COUNTRY
					Mo				U	.S.A.	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN	IAME				
William H	usfelt				Mary G	iffor	d				
15 WAS DECEASED {Yes, no. or unknown}	EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INF	ORMANT			Ado	ress		
			None	Wil	lliam Hu	sfelt	, No	ttingham	Pa.	R.D.	¥1.
18. CAUSE OF	18. CAUSE OF DEATH Enter only one cause per line for (o), (b), and (c),]										
PART I, I	PART I, DEATH WAS CAUSED BY:							AND DEATH			
6	6 G DUE TO DUE TO							- #11'S			
Conditions											
	Conditions, if any, which (b) Prematurity										
	cause (o), stating the under:										
	lying cause last.) (c) (c) (c) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d										
Ĕ	PERFORMED?										
Birth weight 1 1b 3 oz. Placenta preavia					TE	S NO L					
20g. ACC DENT OR CONTRIBUTI (IF EITHER, NOT	Og. ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH ENTERS NOTICE MEDICAL POWER INJURY.										
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f (City ar lawn) (County) (State)										
20c. TIME OF IN.	m, 10	While	NJURY OCCURRED 20 Not while k at work		iry, street, affice			ar (awn)	(1	Caunty)	(State)
	that I attended the	docone	nd from May 2	7	10/7	to ?	10 m 20	1967	that I la	et enu ti	a decease
alive an Ma											
dilve un x ==		17.7	$_{0}$ _, and that de	eain c	occurred di_	46,10	ADDRESS (ŠI	reel, city ar tawn	sa an rni . slatet	e dale 31	DATE SIGNED
ACTUAL SIGNATURE_	hallow B	Uke,	uhain	M.	.D						5/31/5
PHYSICIAN'S NAME (Type)	Wallace Obe	ngha	in M.D.		Cecil	ton	Mi.				
270 BURIAL, CREMA	TION, 226. DATE THERE		22c. NAME OF CEMETE	RY OR	CREMATORY		22d. LOCA1	TON (City, tawn,	ar county)		(State)
Burial (Spec	June 1,1	961	Johntown (Ceme	etery		Earle	eville,		A.	íd.
23 FUNERAL DIRECT			ADDRESS ,	4	71/	240. REC'	D BY REGIST	RAR 246 REG	ISTRAR'S SI	1 .	



TO HOSPITA

VS A15 (4) 15M 9/58

5486	CERTIFICA	ATE OF DEATH	-1	Reg. Dist. No.		
o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (WIND STATE Maryla	nere deceased lived If institution b. COUNTY	Residence before admission) Cecil		
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	Life	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Elkton				
d. NAME OF HOSPITAL (If not in hospital, give street or Institution Devine Haven Mursing		d. STREET ADDRESS 222 East	Main Stret	e. IS RESIDENCE ON A FARM? YES NO X		
3. NAME OF DECEASED (Type or print) SOPHIA COR	INVE JAL	Lost IAR	4. DATE Month OF DEATH May	Day Year 1 1961		
Female White www	RRIED NEVER MARRIED NED DIVORCED	Nov. 7, 187	74 lost birthday) 74 86 yrs.	Manths Days Hours Min		
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	6 KIND OF BUSINESS OR INDU	Maryla		USA		
John H. Jaman 35 WAS DECEASED EVER IN U. S. ARMED FORCES? [1]	6. SOCIAL SECURITY NO	14. MOTHER'S MAIDEN NAT GAI	et Hollingsw			
[fes, no, or unknown] [ff yes, give wor or dates of service]	None Mr	s. R. H. Bl		nston, III.		
Conditions, if any, which gove rise to immed ate cause (a), stoling the under-lying couse lost. Part 1 OTHER SIGNIFICANT CONDITION:	CONTR BUT NG TO DEATH BUT	NOT RELATED TO THE TERM.	NAL DISEASE COND TION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 72		
OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	O (Enter noture of injury in	Part I or Part II af tem 1B)	TES NO		
Hour o m Whi	1 C-	ACE OF INJURY (Home, form ctary, street, office bldg, etc	20f (City or town)	(County) (State)		
21. I certify that I attended the decedative on New 3	/1 11	accurred at 2:40		hat I last saw the deceased an the date stated abave. tote) DATE SIGNED 5/5/61		
PHYSICIAN'S C. Ralph Andr	evs, Jr.		Elkton, liarylar	nd		
220 BUR AL, CREMATION, 226. DATE THEREOF May 6, 196	22c. NAME OF CEMETERY OF Elkton Pre		22d. LOCATION (City, town, or Elkton, Mar			
23 FUNERAL DIRECTOR'S SIGNATURE DTD T TOTELBAT, HOME A	ADDRESS	11.0		TRAR'S SIGNATURE		



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) director. F. a. COUNTY e. STATE **b.** COUNTY Cecil MARYLAND Chester b. CITY OR TOWN (if outside corporete limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) Cecilton R.D. ō Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) a. IS RESIDENCE age 5 may be retained for a sea 2 with the State Bo 72 hours after death. ON A FARM? YES NO 3. NAME OF M.ddle 4. DATE Month Year 24 hours after death. If an a Bages 1, 2, and 3 to the I DECEASED OF (Type or print) George DEATH 196 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX AGE (In yours (IF UNDER) YEAR, IF UNDER 24 HRS. last birthday) Months Days Hours 55 yrs. WIDOWED [DIVORCED [10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) IDa. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? PM3, Page done during most of working life, even if retired) = page within Contract Carpenter Carpenter USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in pencil In Item 18. Give Frank Jester Glara Beanatt EDICAL EXAMINER: This certificate should be executed within form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) | (Ifyesgive werordelesofservice) Office along with burial-transit perm amy 183-07-3730 Danfard Michael Jester Teuchkees nen, R.D.Pa. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b,, end (c).] C ONSET AND DEATH PART I, DEATH WAS CAUSED BY. and IMMEDIATE CAUSE (a) Description **DUE TO** removal, Conditions, it eny, which (b) geve rise to immediate cause "pending" ď0. Examiner's DUE TO (e), stating the underlying SIS pes PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTORSY CERTIFICATION PERFORMED? 2 cremat e the certificate, writing the word Chief Medical F Dived into river to save his son and did not come up. NOT 20s. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) ure the cerum.

I forwarded to the Chier mou.

I DIRECTOR Page I sleut

AL DIRECTOR to burial, of PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Dived into river and never carry of City or lown) 20c. TIME OF INJURY Month, Dey, Yeer (County) (State) fectory, street, office bldg., etc.) While Not While 28,61 el work River Cecilton Gec il at work Vd. 21. I certify that I took charge of the remains described above, held an Autopsy inspection 📥 Inquiry end in my opinion death resulted from: Natural causes Accident T Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should II for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 6-2-61 NAME (Type) should R.C.Dodson 220. BURIAL CREMATION, 225. DATE THEREOF DE 22c, NAME OF CEMETERY OR CHEMATORY 22d. LOCATION (City#lown, or country) (Stete) REMOVAL (Sprey) 4 0 24e, REC'D BY REGISTRAR VS. ATSME DATE JUN 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

. 0.00 50 reast a " " Jasel " " external with me to the 9 8 -6 diame on it mai mi mi 1 3-01-373 shows thought be a mountain and the second and the seco at a subject to the state of th " (Tome , A' Aou or A sh, . / La ... evil a m ? a 'Cont fic india.

42 6

N. E

ton Com

23. FUNTERAL DIRECTOR'S SIGNATURE

Reg. Dist. No.

New Castle

e IS RESIDENCE

ON A FARME

YES NO 17

19

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

YES A NO

(Stote)

USA

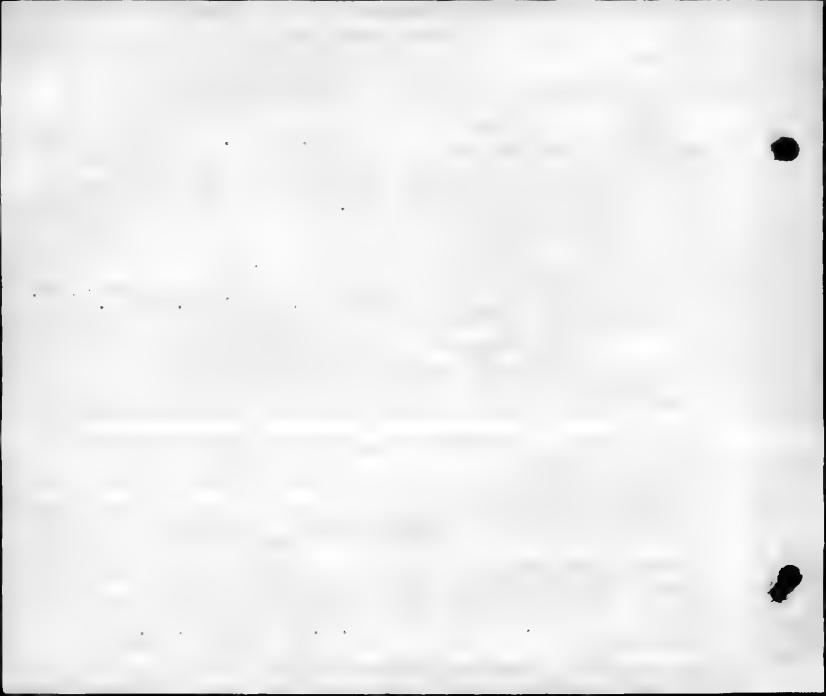
Gracelawn Mem.Pk. May

(Stote)

[County)

24a, REC'D BY REGISTRAR DATE AY 1 8 '61

245. REGISTRAR'S SIGNATURE (1 thung S.



tem 20b al director, Page if for your files. Board of Health, State 1 within 21 hours after death. It at 18. Give Pages 1, 2, and 3 to the form the form PM3. Page 5 may be retainermit, File pages 1 and 2 with the Statemit, File pages 1 and 2 with the Statemit. Office along with burial-transit permi in pencil in Item forwarded to the Chief M. L. DIRECTOR: Page 3 sh
sted agent, prior to burial, should be for FUNERAL I

Q40 9

V5. A15ME

5M 7/59

1. PLACE OF DEATH 7. USUAL RESIDENCE (Where deceased lived, Il institution, Residence before admission) a. COUNTY b. COUNTY Cecil MARYLAND Connecticut b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, write RURAL and give rearest town) write RURAL and give neerest town! Newton ${f Elkton}$ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Name of Hospital Schoolhouse Road YES THE NO Middle 4. DATE DECEASED (Type or pant) Lamberson DEATH 19 6] John May 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years (IF UNDER 1 YEAR' IF JNDER 24 HRS. last birthday) WIDOWED [DIVORCED male 10a USJAL OCCUPATION (G va k nd of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore on country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, evan if ratirad) TISA Construction foreman Water tanks Arkansas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Lamberson

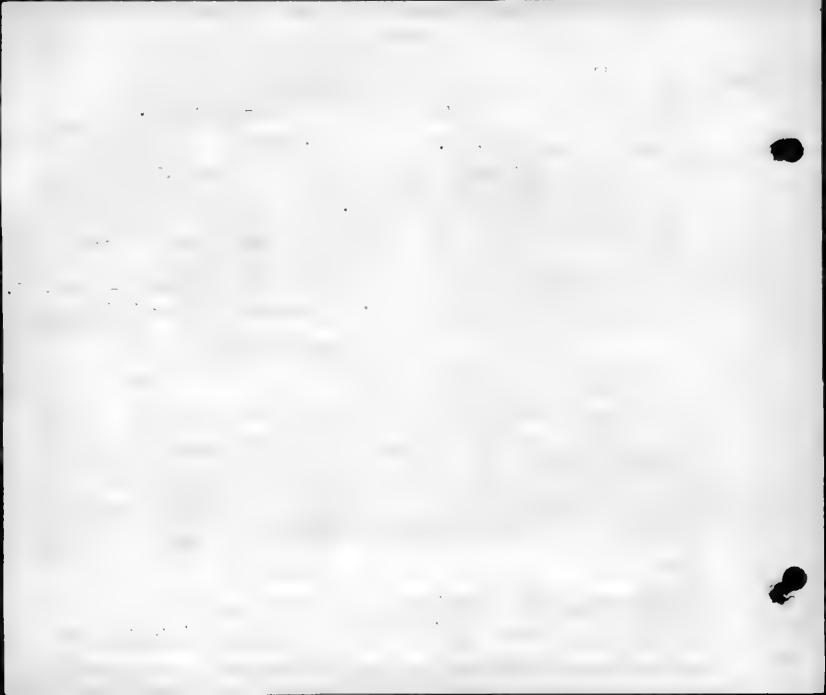
15. WAS DECEASED EVER IN J.S. ARMED FORCES? Ann Thrasher 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Schoolhouse Rd, Newton, Conn. (Yas, no, or unkown) (Ifyasgivewarordalesofservice) Mrs. John R. Lamberson 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Fracture skull, fracture rt humerus .MMED.ATE CAUSE (e) Crushed rt side chest. DUE TO gave rise to immediate cause DUE TO (e), stating the underlying cause lest. PART II OTHER S.GN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118 19. WAS AUTOPSY PERFORMED? K ON 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of Injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | Landed on his head falling from a tank 120 feet in air CAUSE OF DEATH. 1 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Homa, ferm, 20f. (City or lown) 20c. TIME OF INJURY (County) (Stela) _Not Whila factory, street, office bldg., etc.) While et work X el work Cecil Md. Thickol Co. Elkton. 21. I certify that I look charge of the remains described above, held an Autopsy . Inspection x. Inquiry x. and in my opinion Natural causes Accident 7 Suicide Homicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER May Dodson, NAME (Typa) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specily) Concoridia Cemetery Hammond. 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR C stun S. Thous

MARYLAND STATE DEPARTMENT OF HEALTH

BALTIMORE 1. MARYLAND



The same of the same of	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18						
		CERTIFICATE OF DEATH Reg. Dist. No. U 5482					
director.		PLACE OF DEATH o. COUNTY Cecil MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE MARYLAND Cecil Cecil					
funeral uld be f		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Glen Farms—Newark, Del.					
the the sho		d. NAME OF HOSPITAL (If not in hospitot, give street address) OR INSTITUTION 11 E. Parkway Newark, Del. d. STREET ADDRESS ON A FARMS, YES NO PA					
ithin 24 h Poges 1 ar		NAME OF DECEASED Lost Lost Corporation Cor					
pletely ers. Pog	L	emale White widowed Divorced Aug. 25, 1870 Ost birthdoy) Months Days Hours Min.					
and con	I	. USUAL OCCUPATION (Give kind of work done dound most of warking life, even if retired) 10. SUBJECT OF WHAT COUNTRY OF STATE OF WHAT COUNTRY New York 10. SUBJECT OF WHAT COUNTRY OF STATE OF					
icion of carb	13.	Henry Wilson Catherine A.Wright					
ng phys e remav 72 hour		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. No					
that the death by the attend t. Then pleas y event within		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which) A SCUDIO CONDITIONS A SCUDIO CONDITIONS A SCUDIO CONDITIONS A SCUDIO CONDITIONS CONDITI					
requires an. n signed sil permi		gave rise to immediate cause (a), stoling the <u>under-lying cause lost.</u> (b) DUE TO (c)					
The law I physici has bee rial-tran maval, a	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES \(\bigcup \text{ NO } \bigcup \bigcup \text{ NO } \bigcup \bigcup \bigcup \bigcup \text{ NO } \bigcup					
Hending Hending Historie s the bu	AL CERTIF	206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)					
training the second sec	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work at w					
ENDING he haspi R: After oched (a burial, a		21. I certify that I attended the deceased from Carif 14, 199, to and 30, 1961, that I last saw the decease alive on application, 1961, and that death occurred at 7:53 AM, from the causes and on the date stated above					
by the control of the control of the delta prior to		ACTUAL SIGNATURE Church (C. Transllin M.D. Hiller Je + Dellan 5-1-6)					
SPITAL Service Sistror p	22-	PHYSICIAN'S I har chill to Frankton W.O. Mwaxk, Dele					
D HOS may b Poge the rae	E	urial May 3,1961 Bay View Cemetery Jersey City, New Jersey					
VS A15 (4) 15M 9/55	23.	ADDRESS ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAY 3 161 Chilling & Krossa					



FOR STATE HEALTH DEPT. TO DETAILEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an 19 is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fur-fal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TR FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the State Board of Bestin or its designated egent, prior to burlal, cremation, or removal, and in any permy within 72 hours after death.

VS. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5491 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased I vad, If institution: Residence before adm ssion								
1	a. COUNTY CECTL	MARYLAND B. STATE Maryland b. COUNTY Cecil								
4		TH OF STAY IN Ib c. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town)								
	Veterans Administration Hospital	Route #2								
ı	3. NAME OF First M	Middle Last 4. DATE Month Day Year								
		NMI) LONG DEATH MAY 6 1961								
	S SEX 6 COLOR OR RACE 7. MARRIED X NEVER	ER MARRIED [] 8. DATE OF BIRTH 9. AGE (In years 1 F UNDER 1 YEAR, IF UNDER 24 HRS.								
	35-7-	DIVORCED July 4, 1894 66 yrs Months Days Hours Min.								
1	10a USUAL OCCUPATION (Give kind of work 110b KIND OF BUSIT done during most of working life, even if retired)	SINESS OR INDUSTRY 11. BIRTHPLACE (Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY								
	Salesman Automob	Obile North Carolina USA								
V	JONES LONG	NANCY KEY								
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC									
	Yes (If yes give wer or detected estates) (If yes give wer or detected estates) Unknown	Hospital Records, VAH., Perry Point, Md.								
ł	3121 3	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]								
ı	PART I. DEATH WAS CAUSED BY, AMMEDIATE CAUSE (6) Cerebral Hemorrhage due to Hypertension 30 Min.									
ı	3 5 / X DUE TO									
1	Conditions, if any, which (b) Arterios	A TELEVAN TO SELECT TO SELECT THE SECOND SELECTION OF THE SECOND SECOND SELECTION OF THE SECOND SECOND SELECTION OF THE SECOND SECOND SECOND SECOND SELECTION OF THE SECOND								
	geve rise to immediate cause DUE TO moderately severe.									
	couse lost. (c)									
	PART II OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e. 19, WAS AUTOPSY PERFORMED?									
	Fracture of 3rd, 4th, 6th ribs, left.									
	Fracture of 3rd, 4th, 6th ribs, left. 206. External Cause was primary of contributing to death but not related to the term. Nal disease condition given in Part 1(6, 19. was autopsy performed? 4th, 6th ribs, left. 206. Describe how injury occurred. (Enter neture of Injury in Part 1 or Part II of Ham 18.) Cause of Death.									
ı		CURRED : 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)								
ı	Hour a.m. While Not While Not While Not While work at work									
ı	21. I certify that I took charge of the remains described above, held en Autopsy . Inspection . Inquiry . and in my opinion									
ı	death resulted from: Natural causes X. Accide	death resulted from: Natural causes XI. Accident . Suicide . Homicide . Undetermined manner								
ı	(1) (1/10) 2-11.	CHIEF MEDICAL EXAMINER								
Į	SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED									
ı	EXAMINER'S DEPUTY MEDICAL EXAMINER A									
	NAME (Type) R. C. DODSON, M. D. 226, BURIAL, CREMATION, 226. DATE THEREOF 226, NAME	Address (Street, c'ty, town, or county) Rising Sun, Md. AE OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata)								
ı	REMOVAL (Specify)									
	23. FUNERAL DIRECTOR ADDRES	CIONAL CEMETARY BALTIMORE, MARYLAID 1855 LABORET BY REGISTRAR 24b. REGISTRAR'S SIGNATURE								
	Vennet Lite / Here	A Alexan My DATMAY 11 '61 arthur S. Krous								
1	- Tava a	Marie I Villenni & VI Chilling & Thanks								



	5492	CERTIFICA	Reg. Dist.	No. U5484				
)	1. PLACE OF DEATH o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylar	ere deceased lived. If institution: Residence ad b. COUNTY Ceci	-			
	b CITY OR TOWN (If outside corporate limits, write RUPA) and a ve nearest town)	c. LENGTH OF STAY IN 16 5 yrs		utside corporate limits, write RURAL and giv	re nearest town)			
-	d. NAME OF HOSPITAL (If not in hospitol, give street or INSTITUTION Devine Nursing Home	oddress)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF First (Type or print) Emma	Middle	McCloskey	of May 24, 196	51 Year			
	5 SEX Female 6. COLOR OR RACE 7 MARI White wipow		8. DATE OF BIRTH April 24,1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YEAR IF UNDER 24 HRS oys Hours Min			
	10a. USJAL OCCJPATION (Give kind of work done during most of working life, even if refired) Housewife	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Store of Delawar)		NOF WHAT COUNTRY?			
	13. FATHER'S NAME John Barber 14. MOTHER'S MAIDEN NAME Ellen Burge							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown] [If yes, give wor or dates of service]		NFORMANT .B.McCloske	y 160 W.Main Stre	erk,Del.			
	1B. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), and (c).	unbroie		INTERVAL BETWEEN ONSET AND DEATH			
	Conditions, 'f any, which) (b)	veridolest	y Carling	men chanse	Unknown			
	gave rise to immediate couse (a), stating the under-lying couse last.							
	PART II OTHER S GNIFICANT CONDITIONS 2 200 ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	nal disease condition Given in Part 1	(o) 19 WAS AJTOPSY PERFORMED? YES NO Z			
	Hour o. m. While	E.	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.		unty) (State)			
	21. I certify that I attended the decease		1960, ta	My fram the causes and an the				
	ACTUAL SIGNATURE SCHOOL STON	100 010		ADDRESS (Street, city or town, state)	S/1 4/6/			

TO FUNER

BURIAL, CREMATION, 226 DATE THEREOF

FUNERAL DIRECTOR'S SIGNATURE

as the burial-transit

fter death. Page 4 funeral directar,

requires that the death certificate be executed with n 24

filed

þe should

campletely Filled

VS A15 (4) 15M 9/5B

22c NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

Head of Christiana Cem. Newark, Del

24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR

arthur S. Hraus



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY Page a. STATE b. COUNTY is necessary, d'rector. Page for vour files. Gecill MARYLAND Cecil b, CITY OR TOWN (if outs de corporete limits. c. LENGTH OF STAY IN 16 c. CIY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL end give nearest town) -20 Cecilton, Rural 30 years d. NAME OF HUSPITAL OK INSTITUTION (if not in hospital, give sired address) Warten R.F.D. d. STREET ADDRES e. IS RESIDENCE ON A FARM? State YES NO 3. NAME OF Middle Last 4. DATE Month Day Year and 3 to the uld be executed within 24 hours after death. If an in pencil in Item 18. Give Pages 1, 2, and 3 to the U. C. C. L. A. SUSIN OF with the (Type or print) DEATH Lewis: Wi LSOR 61 I I Morris 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 19. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS may 2 12, a 1and 2 m 12 Bours last birthday) Hours WIDOWED [DIVORCED 10a. USLAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHP. ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) within u_s_A 13. FATHER S NAM EW3. S MAIDEN NAME Clarence H. Morris Addie Biddle certificate should be executed within Form 15. WAS DECEASED EVER IN U.S., ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrais permit. (Yes, no, or unkown) | (Ifyes give wer or deles of service) Effice along with burial-transit perm Clarence H. Morris. Cecilton. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ع ONSET AND DEATH PART I, DEATH WAS CAUSED BY and Fracture edf Base of abull and abrasions and com-IMMEDIATE CAUSE (a) removal, DUE TO confusions over body laceration of ears. Conditions, if any, which geve rise to immediate cause (0) "pending" Examiner's DUE TO (a), stating the underlying SE cause last pesn cremation, PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19, WAS AUTOPSY CERTIFICATION Medical Ex PERFORMED? ute the certificate, writing the word of forwarded to the Chief Medical EAL DIRECTOR: Fige 3 should be NO -20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of ilam 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. under it. 20e, PLACE OF INJURY (Harne, Jarm, 20f. [City or town) 3 20c. TIME OF INJURY Month, Dey, Year (County) (State) feelory, street, office bldg., alc.) 2 While Not While MEDI Cecilten el work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry ... and in my opinion agen!, Accident 🕿 death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL 90 DEPUTY MEDICAL EXAMINER EXAMINER'S R.C Dodson phods NAME (Type) DET CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Spacify) 40 24a, REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Collins S. House '61 DATEJUN 5 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

7. P e de ani fi Care serve alloca. rel 25 rj. 23 ו בצבל ב morf .. 30 Jec Jan 2000 103 65.0 J. 30.0. of the Ja ro 2 . Corric " - - Tarrons " service , ?- C- " איי פון בירה כל היאלל דיל י שים ייפת. as an a region of two or my are need to

or year of result . The who will also 12° 61 x rouse 266 v cilton 1100, × - - L

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	54	94		CERTIFICA	IE OF DEX	A I ITI		U.	0486_
1,	PLACE OF DEAT •. COUNTY	Cecil		MARYLANI	a. STATE T	ngland	b. COUNTY	ition: Residence t	pefora edmission)
	Perry	Point	rn)	rs.10mo.21	c. CITY OR TO	WN (If outside corpo		07	e, Is RESIDENCE
V			ration Ho			lmund Stre	et. Darw		ON A FARM?
3.	NAME OF DECEASED (Typa or print)		First	Mıddle	Last	4. DATE OF	Month	Dey	Year
-	SEX	-	EORGE	_ S.	NANSEN B. DATE OF BIRTH		May AGE (In years If Ut	21	19 61 UNDER 24 HRS.
J.	Male	Whit		NEVER MARRIED TO DIVORCED	9-1-87	7,	iast brinday) Mor		lours Min.
10a	ne during most of w	rorking life, even if	f work 105. KIND f retired) Mex ch	of BUSINESS OR INDU	1		oraign country) 1	Z. CITIZEN OF W	HAT COUNTRY?
13.	FATHER'S NAME		******		14. MOTHER'S MA	AIDEN NAME			_
	Not a	vailable	from rec	ords.	Not avai	lable fro	m record	8.	
CERTIFICATION	18. CAUSE OF PART I. DEA Conditions, if ar gove rise to imme (a), staring the causa last. PART II. OTH 20a, ACC DENT \ OR CONTRIBUTING (IF EITHER, NOTIF	(Ifyssgivawarcade WW T DEATH [Enter online ITH WAS CAUSED IMMEDIATE CAU ') () DL IV, which diela cause underlying DL ER SIGNIFICANT C WAS UNDERLYING G □ CAUSE OF DE Y MEDICAL EXAM	In the sof service of the service of	lor (a), (b), and (c).) alomalacia (embolism) ction of my to arterios rioscleroti BUTING TO DEATH BUT	Hospital F due to cir rocardium v sclerotic c c heart di NOT RELATED TO THE	reulatory with mural coronary isease terminal D.SEASE C	disturba l thrombu thrombosi ONDITION GIVEN IN	nce un s un PART 1(0) 19.	known known known known known known known known known
MEDICAL	Hour e.m.		y, Yeer 20d. NJE While 19 et work		PLACE OF INJURY (Hom factory, street, office bld	g., atc.)		(County)	(Stelle)
	21. I certify	that XXXXXXX	allended	the deceased from	June 30	, 1925, 10.	May 21	190 TXXX	光光光光光光
	NOWXUKEK MEKSI	BERTORIES EN CONTRACTORIO	CXXXXXXXXX	cacate cacate and the	nat death occured	av. + OO a from	the causes and	on the date	stated above.
	22e. SIGNATURE	Q. L.7	Momas	+	M.D ATTENDING PHYS. 22d. ADDRES	MED. DIRECTOR	STAFF PHYS.		5-25-61
	NAME (Typ	A.L.MC	ONEY Ass	st. Clinica	al Patholog	gist, VAH	, Perry P	oint, M	d.
(BURIAL CREMA REMOVAL (Spac.F	5.3	THEREOF 23	Baltimore ADDRESS	National		timore, M	iaryland	
-	Penning	gton & So	on, Havre	de Grace	, Md. DA	TEJUN 5 '61	arthur	1 S. Frans	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I yad, If institution, Residence before edmission) ay is ne. al director. Poy your files. Health, e. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outs de corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Earlville few days Mercomonie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? State YES NO NAME OF Middle 4. DATE Last Ill house after death. If any Pages 1, 2, and 3 to the DECEASED OF † (Type or print) DEATH Pater may be with 6. COLOR OR RACE 7. MARRIED TENEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF JNDER 24 HRS last birthday) WIDOWED DIVORCED (N 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) UaS ala Retired Farmer Memornie, Wispages 1 within P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Adolph Paterson Julia Christopher Form 15. WAS DECEASED EVER IN J S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give war or datas of service) Mrs. Peter O. Peterson, Memomenie. Wis. in pencil in Item 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN Office along burial-transit .⊑ ONSET AND DEATH PART I DEATH WAS CAUSED BY. and Acute Corenary Occlusion IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which (b) "pending" geve rise la immediale cause Examiner's DUE TO (a), staling the underlying 98 cause lest. cremation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1 0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? le the certificate, writing the word forwarded to the Chief Medical E. L. DIRECTOR: Page 3 should be need agent, prior to burial, cremating NO I 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Yeer (County) (State) factory, street, office bidg., alc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | and in my opinion death resulted from. Suicide Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Rising Sun R.C.Dodson NAME (Type) should 224. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Little Elk Lake Cemetery Menomonie, Wiss. 40 DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE A15ME 5M 7/59

IL 1000 0 * <u>\</u> 20 (, [-2]_-) I3 ٠٠٠ و ١٥٥٠ o ~ . m de . o d. . er in . Too are too the 40.74 X 20

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05488

1 PLACE OF DEATH a. COUNTY CECIL	MARYLAND	2 USVAL RESIDENCE (W	here deceased lived, b.	COUNTY	dence before admission)
b. CITY OR TOWN (If ausside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	CITY OR TOWN (If	outside corporate limi	Is, write RURAL or	nd give nearest town)
RIDII & SOIL RURAL	Lize	RISIL'S	SUN	RU	FAL
d NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	(address)	d. STREET ADDRESS			IS RESIDENCE ON A FARM? NO
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day Year
(Type or print) FITLTE S. SEX 6. COLOR OR RACE 7. MAR	A JAKY	8. DATE OF BIRTH	DEATH	(In years IF UND	17 1967 DER 1 YEAR IF UNDER 24 HRS.
M. W. widow	COLD ET HETEN ADVISORED ED	5/24/1901	F9	oirthdoy) Month	
10a USJAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote	or foreign country)	12,0	ITIZEN OF WHAT COUNTRY?
	S. GOVT.	PA.		1	J.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME		
LLNIN RILLY		AA3	YERS		
	SOCIAL SECURITY NO 17, 11	FORMANT		Address	
1.0	1C_07#5769 I	R HillLii	RILEY	RUI	3 JU., L.
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED 8Y:	ine for (o), (b), and (c).]	A :		***	INTERVAL BETWEEN
IMMEDIATE CAUSE (o)	Themany	Modely			10 MARD
DUE TO	V CIC	11/2 0	1	0	1000
Conditions, if ony, which (b)	Mindengen	KILLIAZO	phones	x Guyano	14 9 (100 L
couse (a), stoting the under DUE TO lying couse lost. (c)	(0) 5	,			
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INA. DISEASE COND	IT ON GIVEN IN F	ART I(o) 19. WAS AUTOPSY
PART 11. OTHER SIGNIFICANT CONDIT ONS					PERFORMED? YES NO NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part For Port II of its	em 16.)	,
Hour o.m. While	f.m.	ACE OF INJURY (Home, form ctory, street, affice bldg , etc	.) 20f. (City or town	1)	(County) (State)
21. I certify that (I) (this haspital) atten	ded the deceased fram	Cott 1 19	Le D. to Mas	(_1 M, 19	Lul, that (1) (we) last
saw the deceased alive anau	19 141 and that o	leath accurred at 7	M, fram the co	uses and an	the date stated above.
220. SIGNATURE	1	ATTENDING / M	LED STAF	E	22b, DATE SIGNED
(X) Stalan	melin My	M D. PHYS.	RECTOR PHYS		May 18.41
22c PHYSICIAN'S NAME (Types)	combe MI	22d APDRESS	J		
230 SUR AL CEMATION 736 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (CI	ity town, or count	y) (Stole)
REMOVAL (Specify) 5/21/1961	LCCAVET!	CE.	RISI	LUN	ه لده
24 SUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC	D BY REGISTRAR	25b, REGISTRAR'S	
Tornon E. 11/=1/fulles	RILII.G S.	Ji. D. DATE	MAY 2 2 '61	, ,	of L. Thomas .



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Reside e. COUNTY Page lay is new real director. Page a. STATE 5. COUNTY Gec11 MARYLAND Cecil b. CITY OR TOWN of outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporete limits, write RURAL end give neerest town) 5 write RURAL and alve neerest town! North East R.D. a. IS RESIDENCE Boar ON A FARM? YES NO 3. NAME OF Middle 4. DATE Month DECEASED OF the (Type or prof) DEATH William with AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months! Days Hours WIDOWED [DIVORCED 10a USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired pages I within at Fiber Plant Guard Lewis Rinkerman No information 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no. or unkown) I (If yes give we randetes of service) Mrs. George W. Ribkerman, North East. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMED ATE CAUSE (e) Acute-Coronary Coolugion Office DUE TO 5 minutes Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), steting the underlying cause lest. Arteriosclerotic Hear Di PART II OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 6)1 19. WAS AUTOPSY PERFORMED? NO TO pjnoys 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 20f, (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) (State) fectory, street, office bldg., etc.) While Not While - 12 H el work et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry T. and in my opinion of bebi Ö Suicide Undetermined manner death resulted from: Natural causes Accident Homicide | DIRE CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Rising Sun Mdey NAME (Type) R.C. Dodson 220, BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d. LOCAT ON (City, town, or country) REMOVAL (Specify) May 20, 1961 Head of Christiana Newark, Delaware 40 6 Buria 24e. REC'D BY REGISTRAR I 24b. REG STRAR'S SIGNATURE VS. A15ME SM 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5498 CERTIFICATE OF DEATH director, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a COUNTY a. STATE **b.** COUNTY MARYLAND forerol o CITY OR TOWN (If outside corporate limits, write CITY OR TOWN c. LENGTH OF STAY IN 1b If outside carparate imits, write RURAL and give negrest town) RURAL and give nearest town) d NAME OF HOSPITAL (If notein give street oddress) d. STREET ADDRESS OR INSTITUTION NAME OF 4. DATE Middle Last Filled DECEASED DEATH (Type or print) 9 AGE (In years S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthday) White Male DIVORCED | May 0 WIDOWED | du per 10a JSUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) Elkton, Maryland None None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Virginia Myers Glenn R. Rose Sr. physicia remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Glenn R. Rose Sr. Elkton, Md. D3 None demih attendi 1B. CAUSE OF DEATH [Enter only one cause per line fer (a), (b), and (c).] ₻ PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO ģ Canditions, if any, which g gave rise to immediate DUE TO per cause (a), stating the underlying cause ast. een burial-trans PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION ò 206 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Post 1 or Part II of item 18.) cerlificate 3 20c TIME OF INJURY 20e PLACE OF INJURY (Home, form, , 20f. (City or town) Day. Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) MEDI Hour a.m. While Nat while at work at work After 21. I certify that I attended the deceased from detached that death occurred at 1 alive an M, fram the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

Cemetery

Elkton.

Tazewell

Reg. Dist. No.

Month

Address

22d LOCATION (City, fawn, or county)

24b. REGISTRAR'S SIGNATURE

arthur & Kine

Tazewell

24g, REC'D BY REGISTRAR

Manths

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

(State)

(Caunty)

Lithat I last saw the deceased

ON A FARM? YES NO

Year

1951

FUNER 0 VS A1S (4) 15M 9/58

220. BURIAL CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREO!



22c. NAME OF CEMETERY OR CREMATORY

1961

ADDRESS

North East, Maryland

North East Methodist

22d. LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR

DATEJUN 5

North East, Cecil

24b. REGISTRAR'S SIGNATURE

Chilmy S. Kraus

(Stote)

AND HOSPITAL OR A SECOND SECON

220 BURIAL, CREMATION, 22b. DATE THEREOF

REMOVAL (Specify)

Buria

23. FUNERAL DIRECTOR'S

within

executed

pe

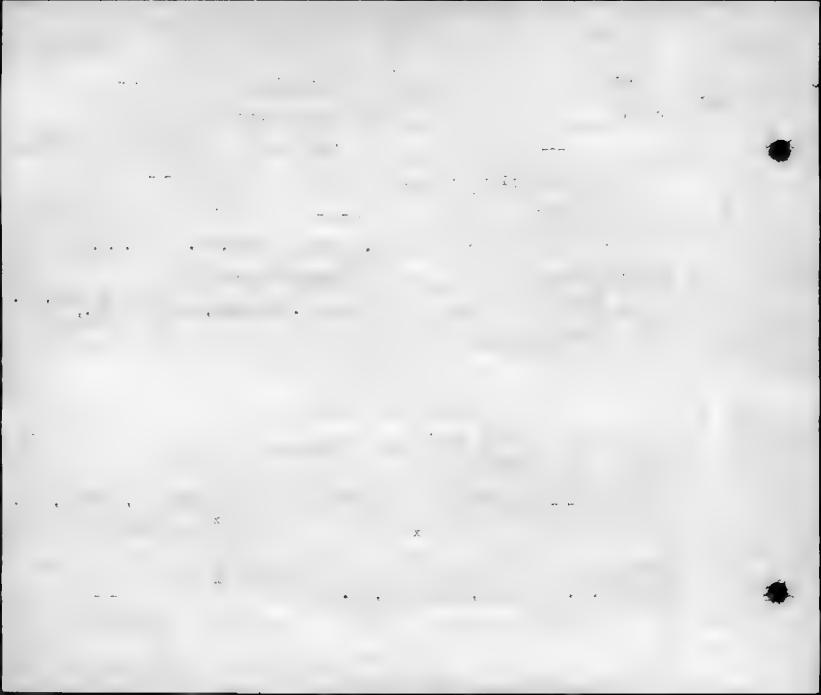
certificate

death



Division of STATISTICAL RES 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE RTIFICATE OF ien con Fail 4-coa //Ll/alacaca REALTH DEPT I. PLACE OF DEATH is new director. Per vour files. 2. USUAL RESIDENCE (Whare daceased I vad. If Institution, Residence before admiss on) a. COUNTY Maryland b. COUNTY Ceoil MARYLAND Harford b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give nearest town) Board of P write RURAL and give nearest lown! DOA Havre De Grace Earlville d. NAME OF HOSPITAL OR INSTITUTION ('f not in hospital, g ve street address) d. STREET ADDRESS e. IS RES.DENCE ON A FARM? ss 1, 2, and 3 to the formal Page 5 may be retained for 1 and 2 with the State Bon 72 hours after death. 228 Wilson YES NO T 3. NAME OF First Middla 4. DATE Month Day DECEASED OF (Type or print) 1961 James Taylor Strowgune DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEX B. DATE OF BIRTH AGE (In yaars , IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Hours Months Days male whi to WIDOWED [DIVORCED 11-10-39 10a. USJAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? Page dona during most of working life, even if retired) Havre De Grace, Md. U.S.A. pages | within operator Huber Chemical Co PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Strowgune Margaret Maurice form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address Havre De Grace, Md. (Yas, no, or unkown) (If yas giva war or datas of service) Peace time Phillis D. Strowgune. 228 Wilson St. Unknown 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN along transit ONSET AND DEATH -transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Exposure & drowning in pencil Office DUE TO burial Conditions, if any, which gave rise to immadiata cause DUE TO (a), stating the undarlying cause last. PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY CERTIFICATION PERFORMED? the word Drowning in Susquehanna River Medical should be NO 3 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar patura of injury in Part I or Part II of itam 18.) PRIMARY OF CONTRIBUTING Boat upset CAUSE OF DEATH. writing to Chief A 20c. TIME OF INJURY Month, Day, Yaar [20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm 20f. (City or town) (County) (State) factory, streat, offica bldg., etc.) While Not While Susquehanna River 7:30 Havre De Grace, Harford, Md . et werk X 5-2-1961prior OH forwarded to t 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inqu'ry and in my opinion Accident X. death resulted from-Natural causes Suicide Undetermined manner Homicide | CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S . Rising Sun, Md. Address (Street, city, town, openuty) R. C. Dodson MD NAME (Type) 5 - 4 - 6122d. LOZATION (City, town, or equatry) 22 BURIAL CREMATION | 226. DATE THEREOF 22c. (Stata) REMOVAL (Spacify) 40 VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH



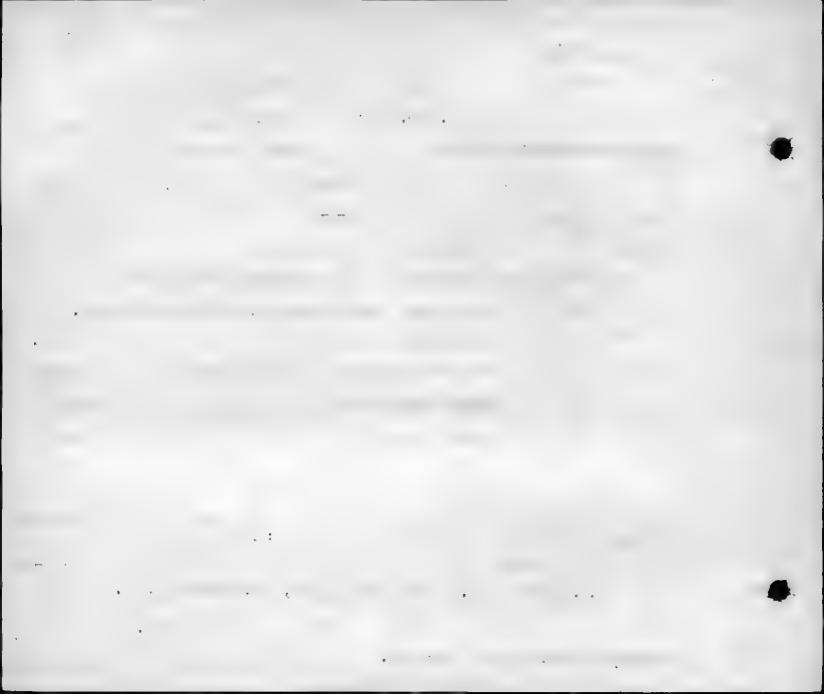
PRESTON STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH AND RECORDS** OF DEATH 2/42/42 iwk 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY a. STATE Cecil Arlington MARYLAND b. CITY OR TOWN (if outside corporate Irmits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) S. write RURAL and give nearest town) Perryville, 86 Days Arlington d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) a. IS RESIDENCE ON A FARM? YES NO V.A.H. Perry Point. 2809 -13th Road. South NAME OF 4. DATE Year Middle DECEASED DEATH (Type or print) RTCHARD 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER I YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. last b rthday) WIDOWED [DIVORCED [Male 10a. USUAL OCCUPATION (Give kind of work OVe 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stale, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired attending physic Florist Florist U.S.A. Augusta, maine 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Roy B. Thayer Marion Appleton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17 INFORMANT (Yes, no, or unkown) | (Ifyasgivewarordatesofservice) oval, ian. the Hospital Records - VAH. WW II 005-09-9116 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN ۾ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Peritonitis due to extravisated contents of 6 Wks physical IMMED ATE CAUSE (a) the hospital or afternative certificate has been signature as the burial, cremation, Visera DUE TO Irradiation effects for treatment of Conditions, if any, which (6) gave rise to immediate cause Undifferentiated Malignancy. DUE TO (a), stating the underlying (Abdominal Nymph node) cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY PERFORMED? History of Seminoma YES KIK NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 200 ACCIDENT WAS UNDERLYING LOR CONTRIBUTING LI CAUSE OF DEATH NDING PHY:
Bined by the higher this ce
detached for ut. of Health pr (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (Cily or town) (County) Month, Day, Year factory, street, office bldg , etc.] ' While Not Whila Hour a.m. at work | et work | may be retaine DIRECTOR: , 3 should be det SNOTIFICATION TO THE CAUSES and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR K PHYS. PHYS. 22c, PHYSICIAN'S 22d ADDRESS NAME (Typa) Dr A.L. MOONEY. Pathologist VAH., Perry Point, Md. death. director, be fited 23a. BURIAL, CREMATION, 1235. DATE THEREO 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial Augusta, Maine Mt Hope Cemetary 25. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 SWINERAL DIRECTORS SIGNATUR VR A15 (4) MAY 1 9 '61 Chilling & Thank 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

K1 (2 .c' ' T - -. . - 5 4

	MARYLAND ST	ATE DEPART	MENT OF	HEALTH	
DIVISION OF STATISTICAL				TREET, BALTIMORE 1,	
5502	CERTI	FICATE OF	DEATH		0549

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased lived, If institutions Residence before edmission)
a. COUNTY Cocil MARYLAND	e. STATE b. COUNTY
b. CITY OR TOWN, if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporeta limits, write RURAL and give necres! town)
write RURAL and give nearest lown)	to city on south in outside colonies mains, while worker and dies mostor, own,
Perry Point 35yrs, 10mo, 21ds	vs Baltimore
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
_ Veterans Administration Hospital	332 South Smallwood YES NO
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Year OF
(Type or print) ANDREW (NMI)	HOMPSON DEATH MAY 17 19 61
	. DATE OF BIRTH 19. AGE IN Years IF UNDER 1 YEAR IF UNDER 24 HRS.
	last britiday) Months Days Hours Min.
TIGHTE WILLS	2-2-92 69 yrs. 1 Y 11, BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	1 11, BIRTHPLACE (COUNTY & SIBIR, OF TOTAL COUNTY)
Farmer Farming	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Not available from records	Not available from records
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unkown) [(Hyesgivewarordelesofservice)]	NFORMANT Address
	enitel Peconds VAU Permy Point Md
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	spital Records, VAH, Perry Point, Md.
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (0) Hepatic coma	36 hrs.
DUE TO	
Conditions, if any, which \ (b) Obstruction of	common bile duct, severe6-8 weeks
geve rise to immediate cause DUE TO	· ·
(a), stating the underlying both to course lest. (c) Chronic pancreat	itis unknown
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS AUTOPSY
O F TANK II OTHER SIGNATURE OF THE POPULATION OF	PERFORMED?
Diabetes mellitus	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Diabetes mellitus OR CONTRIBUTING CONTRIBUTING CONTRIBUTION OR CONTRIBUTING CONTRIBUTION OR CONTRIBUTION THE SIGNIFICANT CONDITIONS DIABETES PART II. OTHER SIGNIFICANT CONDITIONS DIABETES DIABETES TOTAL T	, Enter nature of injury in Pert I or Pert II of item 18.)
IF EITHER, NOTIFY MEDICAL EXAMINER	
20c. TIME OF INJURY Month, Day, Yaar 20d. NJURY OCCURRED 20a. PLA	CE OF INJURY (Home, ferm, ; 201, (City or town) (County) (Stete)
[] [] [] [] [] [] [] [] [] []	ory, street, office bldg., etc.)
21. I certify that (h) (this keeple) attended the deceased from.	June 17 19.25 10 May 18 1961, trabblebooks
sand the desired and the sand that	death occured a O. L. Tomom the causes and on the date stated above.
226 S GNATURE	22b, DATE
a Limoroney M	ATTENDING MED. STAFF DIRECTOR PHYS. 5-18-61
22c. PHYSICIAN 5	22d. ADDRESS
	athologist, VAH, PerryPoint, Md.
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL 5/23/196/ Baltimore	National Baltimore, Md.
24 SUNIFICAL DIRECTOR'S SYCNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Francisco Havre de Grace, Md.	DATEMAY 25 161 Continue & Known
- Noting of the state of the st	25A76W7 A. (Marco



FOR STATE HEALTH DEPT,

DEV IT PERSONAL EXAMINER: This certificate stimuld be executed within 24 haurs after death. It amena as is necessary, ease execute the certificate, writing the word "pending" in pencil in Item 18. Give Dages 1, 2, and 3 to the send director. Page should be forwarded to the Chief Medical Examiner's Office along with form PM3. Regel 5 may be retained for your files. FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. He pages 1 and 2 with the State Board of Health. Its designated agent, prior to buriel, gremation, or removel, and in any event within 72 hours after death.

DE please 4 show VS. AISME 5M 7/59

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MARYLAN	ID STATE	DEPARTMENT	OF HEALTH

Division of STATISTICAL DESPANCE AND DECODOS DOLLE DRESTON STREET DAITMORT & MADVIAND

	DIAISION OF	MEDI	CAL EVA MINIED	CEDTIELS	TE OF DEAT	MORE I, MA	. E ALL
_	- 550	3 WEDI	CAL EXAMINERS	CERTIFICA	E OF DEAT	П	00495
1.	PLACE OF DURKER	r)			CE (Where decessed lived		dence before edmission)
		Cecil	MARYLAND	e, STATE	n Carolina b. c	OUNTY	/
	b. CITY OR TOWN (I	outs de corporete imits, give nearest town]	c. LENGTH OF STAY IN 16		If outside corporate limits,	write RURAL and g	ive nearest fown)
		erry Point	33yrs.4mo.lday	Wilmi	ington		
	d. NAME OF HOSPIT	AL OR INSTITUTION (if m	of In hospital, give street address)	d STREET ADDRESS			IS RESIDENCE
	Veterans A	dministratio	n Hospital	1820 Wold	cott Avenue	1200	YES UNINADA
	NAME OF	First	Middle	Last	4. DATE M	Nonth E	Day Yeer
	DECEASED (Type or print)	ISAAC	G.	TILERY	OF DEATH Ma	av 28	1961
5.	SEX		***	B. DATE OF BIRTH	1	eers . IF UNDER 1 YE	
,	Male				last birth de	ey) Months Day	
		White M	106. KIND OF BUSINESS OR INDUST	7-9-93	67 yr	1	l or well a golfing
do	ne during most of wor	king life, even if retired)	TOB. KIND OF BUSINESS OR INDUST	KI II PIKITIPLACE (Stete	or totaldu conuttă)	12. CITIZE	N OF WHAT COUNTRY
	Clerk		A.C.L. Railroad	Virgini		US,	Α
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
	Leon :	B. Tillery		Magdaler	ne Lynch		
		R IN U.S. ARMED FORCES		INFORMANT	Ado	dress	
	Yes	WW-I	Not available	Hospital Re	ecords, VAH,	Perry Po	int. Md.
	18. CAUSE OF D	EATH (Enter only one car	use per I ne for (e), (b), end (c).]	1100 P 1 002 1(4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1011, 10	NTERVAL BETWEEN
		MAS CAUSED BY,	Arteriosclerotic	heart disease	e, severe.		15 min.
	- 5.1	DUE TO					
	Conditions, if eny,	which) (b)	Arteriosclerosis,	generalized.	. severe.		
	gave rise to immedia	ste couse	120.12	. •	L		
	(e), stefing the un	idenying				1	
z		SIGNIF CANT CONDITIO	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION	GIVEN IN SART II.	1 TO WAS ALITORSY
CERTIFICATION	TAKT OF THE				Will blocked Collection	dir dir iliy i san i i c	PERFORMED?
HE	200 EXTERNAL CA	USE WAS 20b.	DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury to Per	t I or Pert II of item 18.)	***	
Ü	CAUSE OF DEATH.	NIKIBUTING [
SAL	20c. TIME OF INJUS	RY Month, Dey, Yeer	20d. INJURY OCCURRED 20s. PL			(County)	(Stete)
WEDICAL	Hour e.m.		While Not While let work	tory, street, office bldg., etc.	0		
2	p m.	19	I hand hand I	ald an Autonou [V]	TV		
			he remains described above, h				nd in my opinion
	death resulted h	On Natural cause	es X. Accident . Sui	cide, Homicide	Undetermined	d manner	
		10/12	cela 1011	CHIEF MEDICAL	EXAMINER [
	SIGNATURA	MAC	evice c	M.D. ASSISTANT MED	ICAL EXAMINER		DATE SIGNED
	EXAMINER'S			DEPUTY MEDICA	L EXAMINERX		5/29/61
_	NAME (Type)	R. C. DQ			city, lown, or county) F		n, Md.
224	REMOVAL (Specify)	N. 22b. DATE THEREOF	22c. NAME OF CEMETERY		22d, LOCATION (City, fo		(Stete)
	BURIAL	2 5/1/1961	Arlington Na		Arlington,		
23	FUNERAL DIRECTO	ewluston	ADDRESS	24e. REC	D BY REGISTRAR 24b.	REGISTRAR'S BIGH	AZUN
0	oseph Gaw	ler's Sons	, 1756 Penna Ave	DATE MA	AY 3 1 '61	Cover, in the	
_			HOOM .	9			



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATI MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whate dacaesed lived, if institution: Rasidence before edmiss on) d for your files.

Board of Health, Page e. COUNTY is necessary, e. STATE b. COUNTY Cecil MARYLAND Cecil c. CITY OR TOWN (If outside corporate (m ts, write RURAL and g ve nearest lown) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give neerast lown) Elkton Elkten hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Slate Union Hospital 292 Hollings Maner retained YES NO 3 NAME OF M ddla DATE er death. If ≡r, and 3 to the r DECEASED with the (Type or print) DEATH affer Ellis. Norman 2 with th 19 hould be executed within 24 Hours after death in pencil in Item 18. Give Pages 1, 2, and 3 to Office along with form PM3. Page 5 may be burial-transit permit. File pages 1 and 2 with a burial-transit permit. File pages 1 and 2 with a burial-transit permit. 6 COLOR OR RACE T. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX 19. AGE (fn years "IF UNDER 1 YEAR" IF UNDER 24 HRS. last birthday) Months | Days WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Equip. Oper Const. Maryland USA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Blanche Me Bowell Norman Ellis Tweed, Sr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yas give werer datas of service) Office along with for burial-transit permit. Norman Ellis Tweed. Sr. Elkton. Md. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Fracture base of skull heft femur abrasiens both IMMEDIATE CAUSE (a) DUE TO removal, arms face back Lacerated scalp multiple bruises (b) geve rise to immediate cause "pending" (0 Medical Examiner's DUE TO (e), slating the underlying ò over body. cause last. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19, WAS AUTOPSY CERTIFICATION 20a EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. PERFORMED? cuts the certificate, writing the word of forwarded to the Chief Medical E.AL. DIRECTOR: Page 3 should be NO T age 3 short to burial, Was throwned from motor bike in front of car. m Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY (County) (State) fectory, street, office bldg., etc.) 0 Not While et work at work prior Gec il Route 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X . Inquiry and in my opinion agent, death resulted from. Accident -Suicide Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE BIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Typa) R.C.Dodson 220. BURIAL, CREMATION 1 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stota) REMOVAL [Spacify] Burial Gilpin Manor Memorial g 4 O 14 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME archer & thous Elkton. MidDATE HIN 5 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

KAU: F 1.0 J WILL 11 8. J inst on in . *Q P IC 31 ***5 . ** **<u>*</u> fil. 2) 1-15-31-1 + 44 (+3 Liamou a raing 1 at a safe and state other than are also a sale of the transferred to no such a plant of the fire In pers. minde of 3 ter of the care to the as X \$ 270 T 18 15 3W 2 T. 0000. 40 a (... Z

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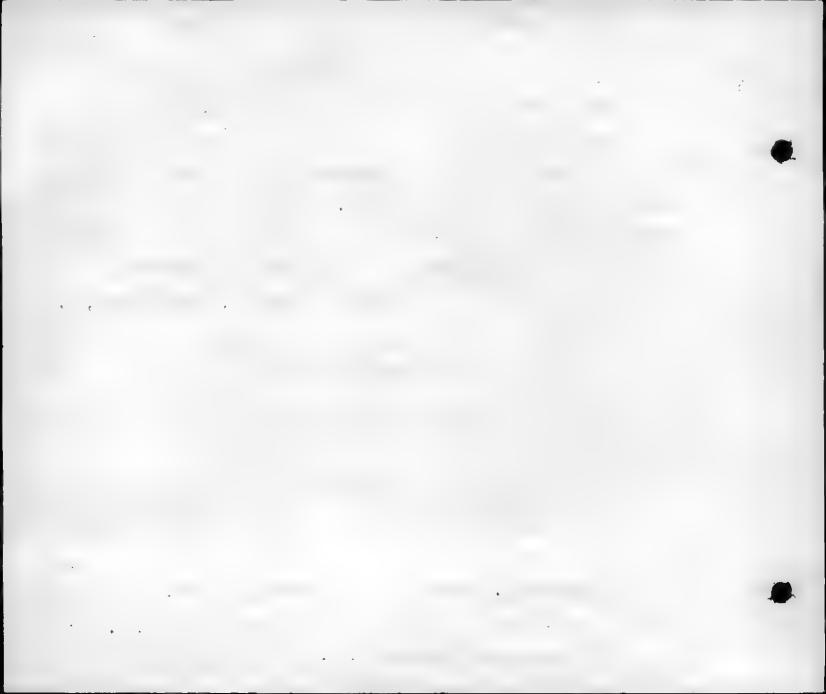
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

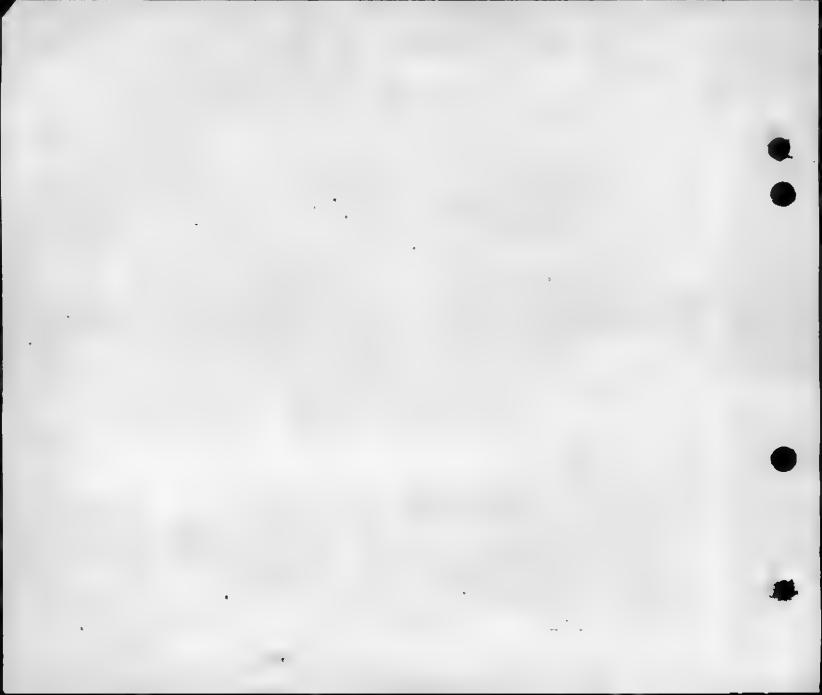
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PORT DEP		MARYLAND	o. STATE Maryl	and b. cour	tution: Residence before admission) NTY Ceeil
	outside carporate limits, write arest town. Rural	Life			te RURAL and give nearest town]
d. NAME OF HOSP TO OR INSTITUTION	AL (If not in hospita, give street NOT Heights	t address)	d STREET ADDRESS Manor	Heights	e IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Nora	Middle	hitaker	4 DATE OF DEATH MA	North Poy Year 19 6]
remale	White WIDOW	VED DIVORCED	oct.7, 186		ars IF UNDER 1 YEAR IF UNDER 24 HR y) Months Days Haurs Min
during most of work HOUSE		KIND OF BUSINESS OR INDUSTRIBLE HOME	TRY 11. BIRTHPLACE (Slote Mary)	_	US A
Samuel		Whitaker	14. MOTHER'S MAIDEN		eleek
	R IN U.S. ARMED FORCES? 16.		FORMANT 1lie Whit		Address Deposit Md.R I
CATI	DUE TO (c) ER SIGNIFICANT CONDITIONS				GIVEN IN PART I(a) 19. WAS ALTOPS PERFORMED? YES NO
(IF EITHER, NOTIFY	☐ CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED	O. (Enter nature at injury in		(County) (Stat
Hour a.m p m. 21 certify that	19 While	ded the deceased fram	eath accurred at	60 10 Mar	and an the date stated above
(SV)			The same of the sa		17h didn't llower
22c. PHYSICIAN'S NAME (Type)	Clarence I.	Benson 23c NAME OF CEMETERY O		eposit, He	in, or county) (Stote)



Division of STATISTICAL RESEARCH AND RECORDS. 1. PLACE OF DEATH al director. Page of for your files. Board of Health, e. COUNTY Cecil MARYLAND b. CITY OR TOWN (if outside corporete limits, LENGTH OF STAY IN 16 write RURAL and give nearest lown! Chesapeake City d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Stata death. NAME OF Middle DECEASED the (Type or print) DANTEI YONKO after 6. COLOR OR RACE, 7. MARRIED X NEVER MARRIED 5. SEX Male WIDOWED [DIVORCED [10s. USUAL OCCUPATION (Give kind of work 1Db KIND OF BUSINESS OR INDUSTRY. certificate should be executed within 24 hours after d'hending!" in pencil in Item 18. Give Pages 1, 2, Examiner's Office along with form PM3. Page 5 be used as a burial-transit permit. File pages 1 and in a page 1 and in a permit within 74 for the pages 1 and in a permit within 74 for the pages 1 and in a permit within 74 for the pages 1 and in a permit within 74 for the pages 1 and in a permit within 74 for the pages 1 and in a permit within 74 for the pages 1 and in a permit within 74 for the pages 1 and in a permit within 74 for the pages 1 and in a permit within 74 for the pages 1 and in a permit within 74 for the pages 1, 20 for the done during most of working life, even if retired) Laborer Govt. 13. FATHER'S NAME (Yes, no, or unkown) ; (If yes give war or detes of service) No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to immediate cause **DUE TO** word "pending dical Examiner's (a), stating the underlying cause last. CERTIFICATION 28 Medical plnous 200. EXTERNAL CAUSE WAS PRIMARY [1] or CONTRIBUTING [1] CAUSE OF DEATH. xacute the certificate, writing to be forwarded to the Chief ന 20c. TIME OF INJURY Month, Day, Year age While Not While should be forwarded to the FUNERAL DIRECTOR: Pa et work at work prior Natural causes -Accident Suicide death resulted from designated ACTUAL SIGNATURE EXAMINER'S Dodson NAME (Typa) DEL 22a, BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Spacify) St. 240 p Burial 23. FUNERAL DIRECTOR ADDRESS VS. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edmiss on) e. STATE b. COUNTY Marvland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake City d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES - NO DATE Manth Day Year OF DEATH 196 Hay B. JAHOF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Austria USA 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address Pauline Yonko Chesaneake INTERVAL BETWEEN ONSET AND DEATH Cardio-nephritic Arterio-sclerosis PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1191 194 WAS AUTOPSY PERFORMED? NO Ty 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20d, INJURY OCCURRED 20s, PLACE OF INJURY (Home, farm, 20f. (City or lown) (State) fectory, streat, office bldg., etc.] 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry | and in my opinion Undetermined manner Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Rising (Sing, tolld county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) Roses Cemetery Chesapeake City, 240. REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE Elkton.



FOR STATE

TO DEC Y MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If are lay is necessary, please according to the word "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the Nord director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-trensit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07865 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE OF DEAT	H			2. USUA	L RESIDENCE	(Whare dec		T11	-	admission)
	a. 000///	Cecil		MARYLANI	a. SIAI	Md.		b. COUN	" Ceci		
		(if outsida corporata limits, d give nearast town)		c. LENGTH OF STAY IN 1	c, CITY	OR TOWN (If o	outsida corpoi	ate limits, write	RURAL and	give naarest to	own)
1	Elki			D.O.A.	X	Elkton,	R.F.	D.1			
-	d. NAME OF HOSPI	TAL OR INSTITUTION (if no	t in hospi	tal, giva straat address)	d. STRE	ET ADDRESS					RESIDENCE
	Uni	ion Hospita	1								N A FARM?
3.	NAME OF DECEASED	First		Middle	Las	C	OF	Month		Day Y	rae
	(Type or print)	Adolph			kenvi t	h	DEATH	5		29 1	9 01
S.	SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	B. DATE OF BI		9.	AGE (In years last birthday)	Months Da		ER 24 HRS.
	M	W w	IDOWED	DIVORCED [12-11	-1893	16	8 715.	Months Da	Hours	MIR
	one during most of we	FION (Give kind of work orking life, even if retired)		o of Business or Indu icken Fari		PLACE (Stata or chawina		fry)	1	S.A.	COUNTRY?
13	. FATHER'S NAME Stal	nley Yukenv	ith		14. MOTHE	R'S MAIDEN NA Stephni	a Ges	savic	h		
15	. WAS DECEASED EV	ER IN U.S. ARMED FORCES	16. 5	OCIAL SECURITY NO. 17	. INFORMAN	T		Addrass			
(A	as, no, or unkown) (If yes giva war or datas of service	(a)		John	Martin	nuk, I	Elkton	R.D.	1 Md.	
-	1 18. CAUSE OF	DEATH Enter only one cau	se par lin	a for (a), (b), and (c).]						INTERVAL B	ETWEEN
	PART I. DEATH WAS CAUSED BY, Acute Coronary Occlusion ONSELAND DEATH IMMEDIATE CAUSE (a)									nimin	
	1201 DUE TO										
	Conditions, if any, which (b) Arterio sclerosis										
	gave rise to immediate cause (a), stating the underlying DUE TO										
	cause lest. (c)										
CERTIFICATION	PART II. OTHE	R SIGNIFICANT CONDITION	IS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO	O THE TERMINA	L DISEASE C	ONDITION GIV	EN IN PART 1		AUTOPSY FORMED?
FIC	20a. EXTERNAL C	AUSE WAS 20b.	DESCRIB	E HOW INJURY OCCURED	, (Entar natura of	injury In Part I	or Part II of i	am 1B.j	_	163	NO LA
-	PRIMARY OF CO	ONTRIBUTING									
WEDICAL	20c. TIME OF INJU Hour a.m.		2Dd, IN While at work	_Not Whila	PLACE OF INJUR factory, street, off		20f. (City	or town)	(Count	Y)	(Slata)
2	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection and in my opinion										
	death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined manner										
	death resulted from: Natural causes Accident , Suicide , Homicide , Olidelerinited Hailiner										
	ACTUAL SIGNATURE	Vell	0 -1	SISTANT MEDICA				DATE S	IGNED		
	EXAMINER'S NAME (Typa)	R.C.Dods	on		DET	USING E	XSWIFF, 5	Md.	5-	-30-63	1.
22	a. BURIAL, CREMATIN		2	2c. NAME OF CEMETERY	and the same of th		-	ON (City, town,	or country)	(5)	tata)
	Burial	6/4/61		Cherry Hil	1 Ceme	tery	Cher	ry Hil	.1, Md	•	
2	. FUNERAL DIRECTO	OR a 1/	1	ADDRESS	h- 1	24a. REC'D	BY REGISTRA	R 245. REG	STRAR'S SIG	NATURE	
	Kalph	E. Hick	W.	alkton.	Mrd.	DATE JU	1 1 0 '6	1 8	7.11 11 8	Frank	
-				7							

STEER SOUTHER THE ORDER OF A STREET Die so The state of the s nabanini ic . making in the old branch Vision of scored in the said of Done the designations, he had no n and sed you was done

FOR STATE

TO DIVEXT MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If the play is necessary, please acute the certificate, writing the word "pending" in pending them 18. Give Pages 1, 2, and 3 to the trained director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages, and a with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 21 hours after death. VS. A15ME

5M 7/59

	MARYLAND	STATE DEPART	TMENT OF HEAL	.TH	
Division of STATISTIC	AL RESEARCH AN	D RECORDS, 301 W	V. PRESTON STREET	, BALTIMORE 1, MA	RYLAND
9908 N	AEDICAL EXA	MINER'S CER	TIFICATE OF	DEATH	004

	PLACE OF DEATH		1-60H	7=711	m uzen	2. USUAL RESIDE	NCE (Where o	deceased lived, If	institution, Re	sidence before	admission)
e. COUNTY Cecil MARYLAND					a. STATE Pen	na.	b. COUI	Del	L. Co.	1	
	b. CITY OR TOWN (if	outsida corporata limi give neerest town)	ts,	c. LENGT	H OF STAY IN 16	c. CITY OR TOWN	(If outside con	porete limits, writ	a RURAL and	give neerest to	wn)
R		Ikton		2-3	Hrs		Medi	a		15	X = 3
-	d. NAME OF HOSPIT	AL OR INSTITUTION (if not in hosp	itet, give si	reet eddress)	d. STREET ADDRES	S		_		RESIDENCE
						4 General	Washi	ngton	Drive		NO T
3.	NAME OF DECEASED	First		-	Middle	Last	4. DATE	Mont	h	Dey Ye	nr .
	(Typa or print)	JAMES	PAT		ZEAF	RLEY	DEATI	H May 3	1,	19	61
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVEL	MARRIED [. DATE OF BIRTH	1	9. AGE (In years last birthday)	-		R 24 HRS.
]	Male	White	WIDOWED		DIVORCED	3/8/1907		54 yrs.	Months Da	nys Hours	Min.
10a	. USUAL OCCUPATI	ON (Give kind of worl	10b. KI	ND OF BUS	INESS OR INDUST	RY 11. BIRTHPLACE (State	la or foreign co	ountry)	12. CITIZ	EN OF WHAT	COUNTRY
do	Photo.	king life, even if retire		aiome	nt	Penna			T	ISA	
13.	FATHER'S NAME		1 24	AL PINC	110	14. MOTHER'S MAIDE				JOA	
		nđ L. Zea	ma ou				e Cole	hank			
15.		R IN U.S. ARMED FOR		OCIAL SEC	CURITY NO 1 17		e core	Address			-
(Ye	s, no, or unkown) [If	yesgive weror detesofs	ervice)	40			~ ~ 7 ~ ~ ~			0.20.20.0	
-	NO	ERMST (C. A	V 1	J- Z-		elen M. Ze	arrey	neu	ia, Po		
		EATH (Entar only one I WAS CAUSED BY:	cause per II							ONSET AND	
		MMEDIATE CAUSE (a)		Mang	led Boo	y					
	009	DUE TO									
	Conditions, if any, which \ (b) Hit by Train(Railroad)										
	(a), stefing the undarlying DUE TO										
	cause last.	(c)									
Z	PART II. OTHER		TIONS CON	RIBUTING	TO DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	VEN IN PART I	(a) 19. WAS	AUTOPSY
NT/O										YES T	NO TO
FIC	20e. EXTERNAL CA	IISE WAS 1 2	Oh DESCRI	IF HOW IN	IURY OCCURED A	Entar neture of injury In P	art I or Part II o	d item 18)	-	1159	NO T
CERTIFICATION	PRIMARY or COL	NTRIBUTING [_							
						e taking		- Tar	1.00		
MEDICAL	20c. TIME OF INJUI	RY Month, Day, Ye	er 20d, I	Not W		ACE OF INJURY (Homa, fatory, street, office bldg., e	tc.]		Celcini	-	(State)
ME	10:20_pm	5/31 196	at work	at wo	rk PEM	IA. R.R.	Blktc	n R.D.	Mary	yland	
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection inquiry and in my opinion										
	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner										
	P) 10 0 0 10 10 0 CHIEF MEDICAL EXAMINER										
	ACTURE ASSISTANT MEDICAL EXAMINED									DATE SI	GNED
	SIGNATURE_/					DEPUTY MEDIC	AL EXAMINER	Ted	May 3	31, 19	64
	EXAMINER'S NAME (Type)	R. C. DO	DSON	M.I	Ri	Singad Sall Breat		1000	riay 1) 19 17	01
22a	BURIAL, CREMATION	N, 226. DATE THERE	OF	ZZc. NAM	OF COMETERY			TION (City, fown	, or country)	(Sta	(e)
	Crematio	n June 3.	1961	West	Laure:	l Hill	Bala-	-Cynwyd	, Mont	.Co.Pa	
23.	FUNERAL DIRECTOR		0	ADDRE				TRAR 246. REC	*		
PI	PPIN FUN	ERAL HOM	Elma	8/n. 5.	Elkt	on, Md aww	2 '61	arth	on S. Kran	44	

om freel are entally until the court of a first Creamiles June J. 1961 Vest Laurel Hill - - Bile-Winnyd, How. Co.co. The state of the s